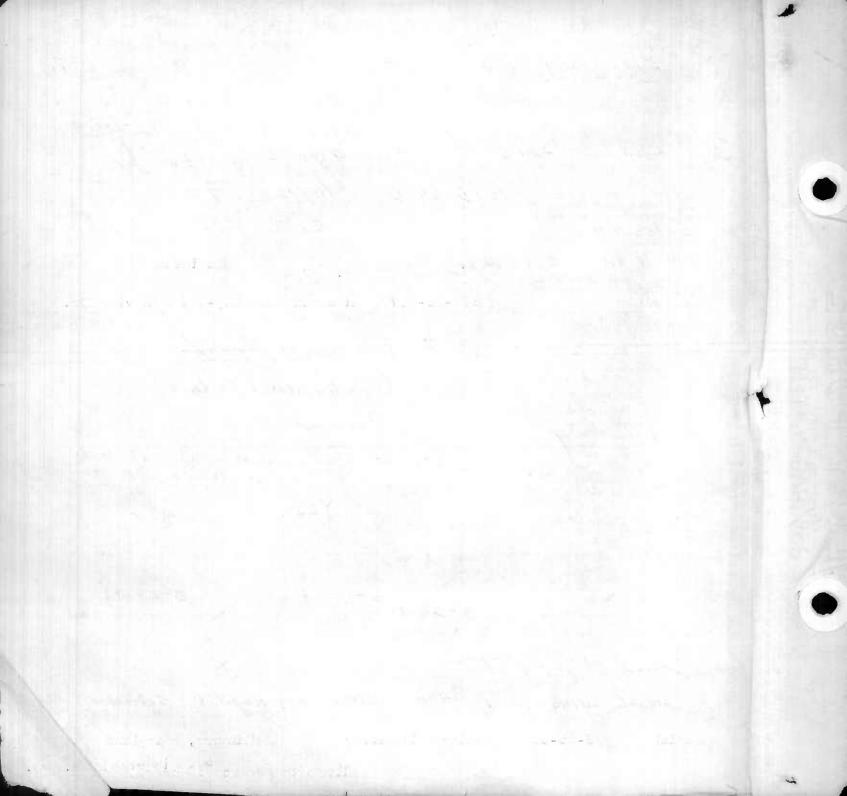
| | | | HEALTH DEPARTMENT | (| 6 03001 |
|---------|--|---|--------------------------------|--|--|
| | TH NO. 66 (131)() | CERTIFICA | TE OF DEATH | Registered No. | 10 (10.10) |
| | E. CASE NO. NAME OF DECEASED | | 2. DATE AN | ID HOUR OF DEATH | 220 |
| (Ту | pe or Print) BlizzARd 1 | 1/0 IT-n G. | | 3/24/0 | 1- 130 |
| 3. | PLACE OF DEATH IN BALTIMORE, MARYLAND | ull'el | 4. USUAL RESIDENCE (When | e deceased lived. If it | nstitution: residence before admission) |
| | | | A. STATE B. COUN | 16 | 0 0 |
| | FULL NAME OF (If not in hospital or institut oddress or location) | on, grve street | C. CITY OR TOWN (If out | moware | RURAL ond give township) |
| | INSTITUTION | | FILLS | 1 T | KOKAL one give lownship) |
| 102 | 4 K. 1 C | 11 | D. STREET ADDRESS (If | rurol, give location) | |
| 11/ | GON Secours | Hospilal | 981 Lo, | vavien | Dr. |
| 5. | SEX 6. RACE 7. MARI | WED, DIVORCED (specify) | B. DATE OF BIRTH | 9 AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| | NI WhiTe | UIDOWED | 76/90 | 76 | |
| | A. USUAL OCCUPATION (Give kind of work 10 B, KIN) ne during most of working life, even if retired) | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or forei | gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| 1100 | sales man | | Balto. | Md. | USA |
| 13. | FATHERS NAME | | 14. MOTHER'S MAIDEN NA | | |
| | William Bliz | 71-0 | 7 | Robinso | _ |
| 18 | Was Deceased Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | Robinso | |
| (Ye | (If yes, give wor or dotes of servi | SECURITY NO. | 17. INFORMANT | | ADDRESS |
| 60 | Noknow | 215-05-4978 | Elizabeth Ham | shey-981 L | ongview Dr. |
| | 18. | CAUSE O | F DEATH | | INTERVAL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY | A | | | ONSET AND DEATH |
| | LEADING TO DEATH | (A) Per | I monary Emph | ysema | |
| | (This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise | | | | |
| | injury ar camplication which coused death.) | Co | Dod'y Hand | Tailore | |
| | ANTECEDENT CAUSES | DUE TO | 7-711-671-600 | | |
| - | DISEASES OR CONDITIONS, if any, gi | | 30. | | |
| | rise to the above cause (A) stoling UNDERLYING CONDITION last. | The (C) | ynamias. | ************************ | |
| | 11 | A / | 0 1: 0 | | |
| N O | OTHER SIGNIFICANT CONDITIONS CONTRIBU | TING (eftra tec | & gashic rule | es a ser | est feet |
| ATIO | TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | THE | P | en form to | 2 |
| ERTIFIC | 19A. DATE OF OPERATION 19B. CONDITION F | OR WHICH OPERATION | 20A. AUTOPSY? (Yes or No | IN CERTIFYING CA | FINDINGS CONSIDERED |
| ERT | | + | y E5. | - | 12 |
| 0 | OR CONTRIBUTING CAUSE OF | 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of | fice bldg., INJURY OCCUR? | IIf in Boltimes | e City, give exact location) |
| CAL CAL | DEATH (notify medical examiner) | etc.) | | | |
| EDI | 21D. TIME (Month) (Doy) (Year) (Hour) | 21 E. INJURY OCCURRED | 21F. HOW DID INJ | URY OCCUR? | |
| 2 | (APPROX.) | While At Not While Work At Work | • | | |
| | 22 1 | | 511-61 | - Z- | -24-06 19 |
| | 22. I certify that (N) (this haspital) attend | | • • | 19ta | |
| | that (1) (we) last saw the deceased alive | | | at in (m) (aur) api | inian death accurred an the date |
| | and haur and fram the causes stated abav | e. (N) (We) (did) (did not) v | iew the bady after death. | | |
| | 23A. SIGNATURE | | P | c. # | 23B. DATE SIGNED |
| | Saraal Chy-yy | huo M.D. After | mding Med. Director | Staff Phys. | |
| | 23 C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | | |
| | SAMUEL CHING- YUA | A CHUP M.D. | Bon Secours H | ospital 1 | Sulfigore Md. |
| 24 | | C. NAME of CEMETERY OF CRE | | | city, town, or county) (State) |
| | REMOVAL (Specify) | V 11 C | | | |
| | | Voodlawn Cemet | ery Bal | timore, M | aryland |
| 23 | LE CLUB CL GA RAM | Calculation . | | 4600 T | homes II-leta A |
| | 78,000 | | Ellsworth Ar | macost Fun | berry Chaptel Ave. |
| VS | 1SO-REV. 1/1/6S | | | The second secon | The second secon |



248 NAME OF REGISTRAR

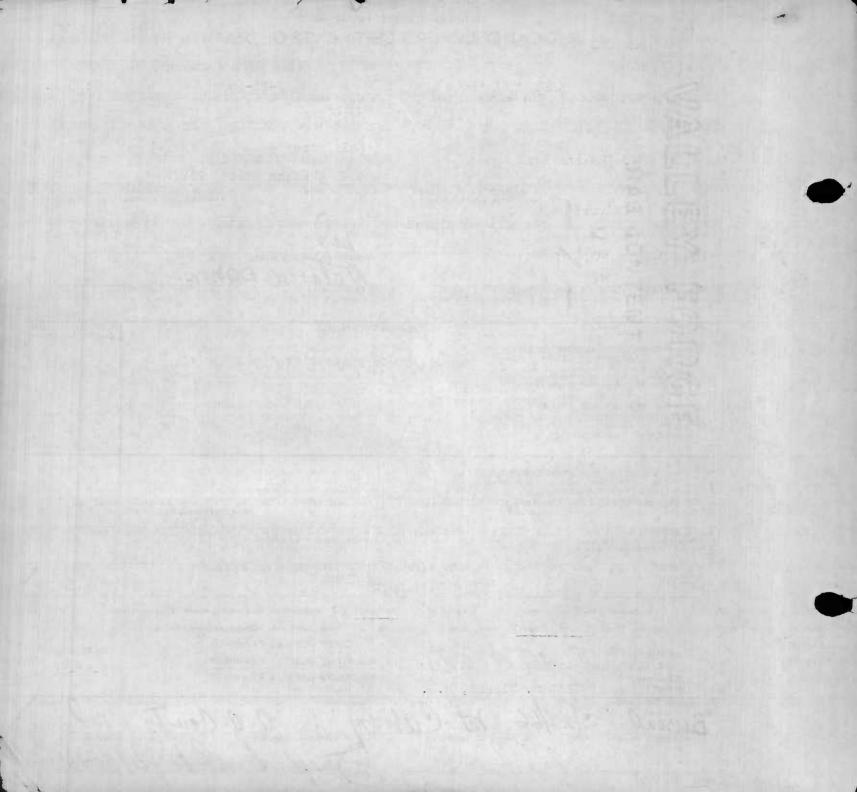
24C. FUNERAL DIRECTOR

24A. DATE REC'D BY HEALTH DEPT.

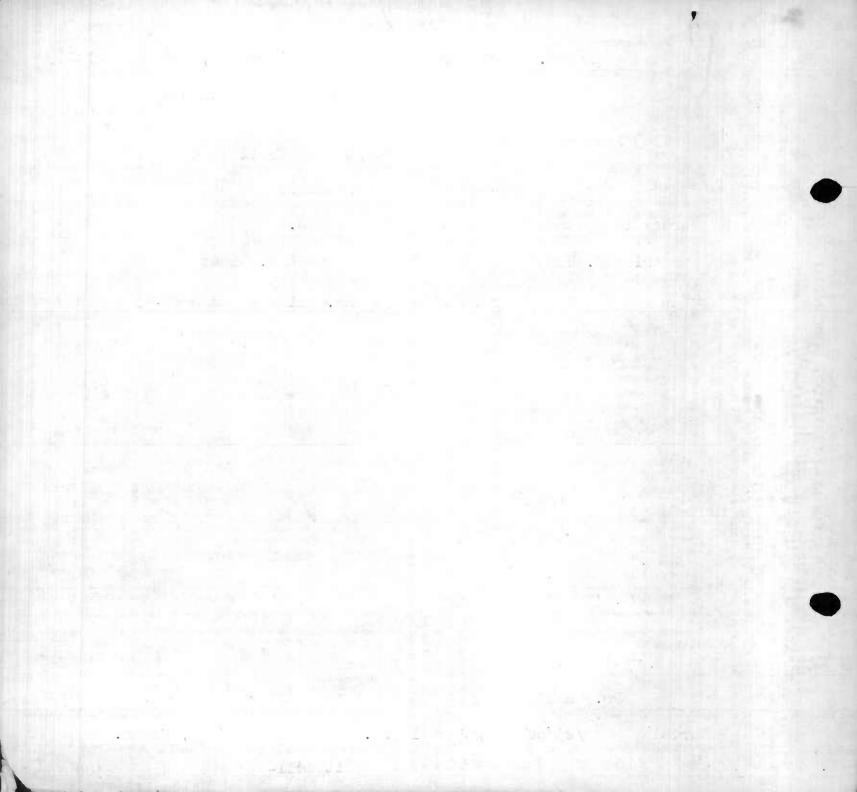
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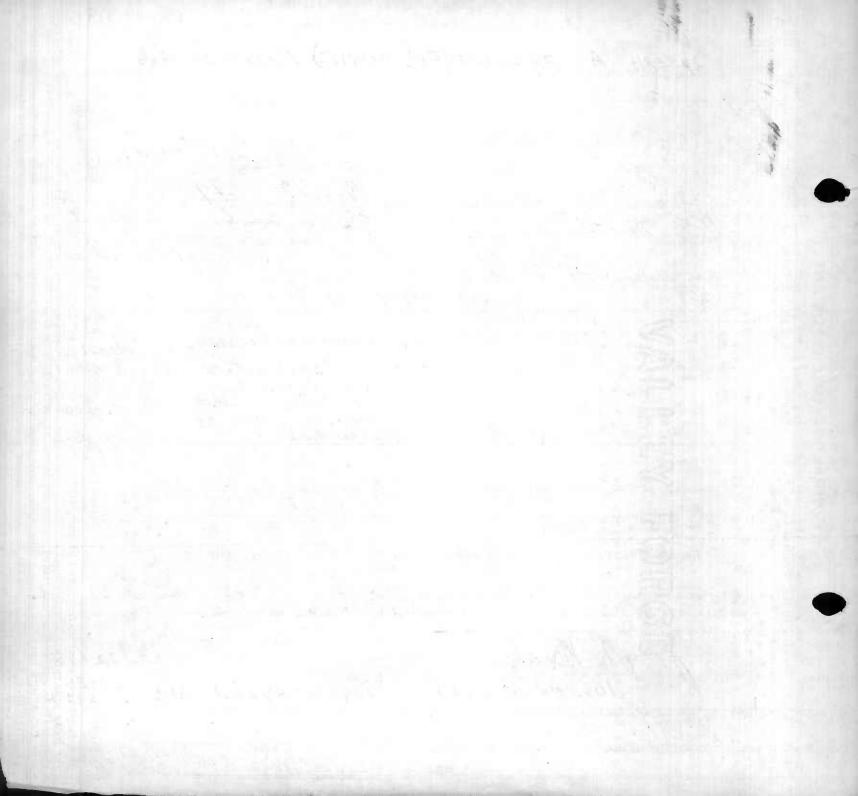
ADDRESS



| (Тур | AME OF DECE | Mae F. | Reisi | inger | | ch 23,1966 | |
|----------------|---|--|----------------------|---|-----------------------------------|-----------------------------------|---|
| | | TH IN BALTIMORE, MA | | | A. STATE B. COU | ere deceosed lived. If i | |
| H | ULL NAME OF OSPITAL OR ISTITUTION | (If not in hospital oddress or location | or institution,) | give street | C. CITY OR TOWN (IF | | |
| 0 | 1363 | Pentwood | Road | | D. STREET ADDRESS (1) 361 Old Tra | f rurol, give locotion) | 09.0 |
| 5. SE | emale | white | WIDOWE | NEVER MARRIED D, DIVORCED (specify) | 8. DATE OF BIRTH 6/15/1879 | 9. AGE (In years last bishday) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| done | | orking life, even if retired) | 108, KIND O | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. F | ATHER'S NAM | E | | | 14. MOTHER'S MAIDEN NA | AME | |
| | Patri | ck H. Burn | S | | Susan C. | Glass | |
| 15. V (Yes. | los Deceased I | Ever in U. S. Armed Fore | es? of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| j | 10 | | | | Mr. Cliffo | rd Henness | sy 521 Windwood |
| | 18. 45 | 10,0 | | CAUSE O | DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | L | OR CONDITION DIR EADING TO DEATH I mean the made of | | (A) K | Heriosclero | ne | 3mo, |
| | heart failure, a injury ar camp | osthenia, etc. It means olication which caused NTECEDENT CAUSES | the disease, | (B) A | Heriosclero. | ris | 1542. |
| | DISEASES OF | R CONDITIONS, if abave cause (A) | | (C) | | | |
| CERTIF | TO THE DE DISEASE OR CO | II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CON WAS PERF | TED TO THE | WHICH OPERATION | 20A. AUTOPSY2 (Yes or h | IN CERTIFYING CA | FINDINGS CONSIDERED AUSES OF DEATH? |
| CAL | OR CONTRIBUT | MNG CAUSE O | etc. | | fice bldg., INJURY OCCUR? | | |
| 3 | 21D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Feor) | 11/ | INJURY OCCURRED ILE AT Not While the At Work | 21 F, HOW DID IN | JURY OCCUR | |
| | | hat (1) (s hts hospital last saw the decease | | he deceased from Much 15 | - (1 | 1966 to // | Unch 23 1966 |
| | | | ed abave. (| I) (We) (d id) (did not) v | iew the bady after death | • | |
| 1 - | | E _ | 014 | M.D. Atte | ending Med. Director | Stoff | MALL VLOG |
| 1 | 23A. SIGNATUR | J.J. Che | man | 1 | | Phys. | 1101000 |
| | 23C. PHYSICIAN NAME (Typ | Dr. Chalf | | M.D. | 6210 Ho | ARU. Br | History 12. My |
| 24A. | Z3C. PHYSICIAN | Dr. Chalf | 24C.N | | MATORY 124D. | ARI, BA | efficience 12. hy Sity, town, or county) (Stote) Penna. |
| 24A. B | BURIAL CREM REMOVAL (Sp Urial | Dr. Chalf | 6 Ge | M.D. AME of CEMETERY of CRE thsemani Cen | MATORY 124D. | Reading, 1 | Penna. |

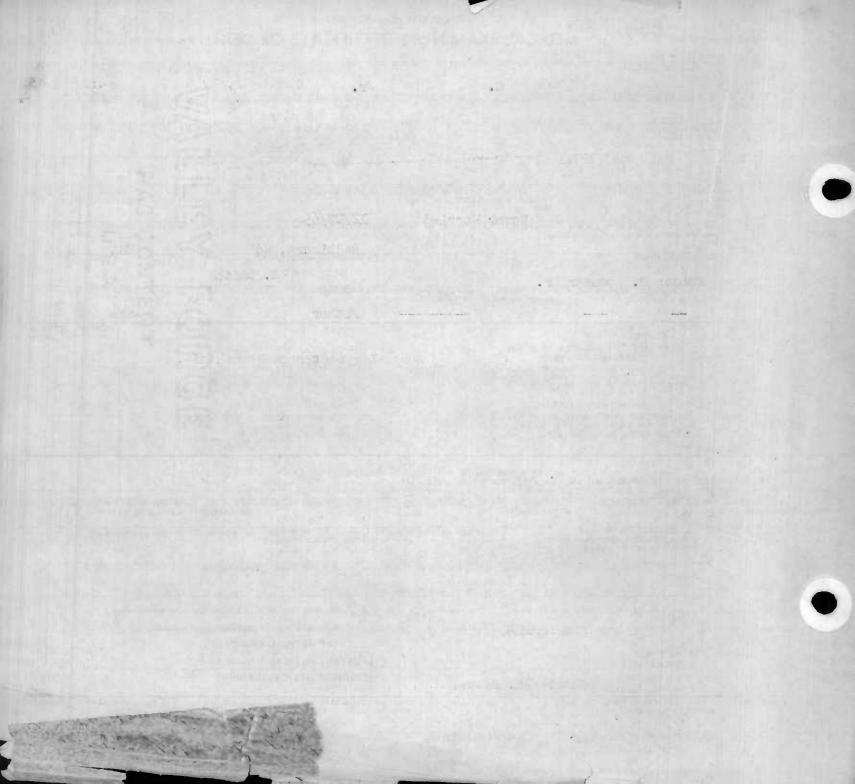


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| BIRTH NO. | WED | ICAL EX | CAMINER'S CI | ER HEIC. | ATE OF L | EAIH Register | ed No | | |
|--|--|------------------------|--|----------------------------------|---------------------|---------------------------------------|---------------|---|-----------|
| M.E. CASE NO. | | | | | | | | | |
| 1. NAME OF DECI | THOMAS | C. | STUMMER | Jr. | | 3, 1966 | D DEAD | 4:05 | P |
| 3. PLACE IN BALTI | MORE, MARYLAND, W | HERE PRONOL | INCED DEAD | 4. USUAL R | ESIDENCE (Where d | eceosed lived. If insti B. COU | tution: resid | dence before | |
| FULL NAME OF | (IF NOT IN HOSPITA | AL OR INSTITU | TION. GIVE STREET | | Maryland | | | | |
| HOSPITAL OR | ADDRESS OR LOCA | | , | C. CITY OR | TOWN (If outside | corporate limits, write | RURAL or | nd give towns | (hip) |
| Courth | Doltimone C | | Hoonital | | Baltimore | and a | > | -10 | 5 |
| South | Baltimore G | enerar | nospicai | | DDRESS (If rurol, | idall Street | | | |
| 5. SEX 16 | 6. RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF | | 9. AGE (In years | | 1 Yr. If Und | er 24 Hrs |
| Male | White | | DIVORCED (specify) | | 4 | lost birthday) | | Doys Hours | |
| | PATION (Give kind of work | Never | MOTINESS OR INDUSTRY | 12/27 | CE-State or foreign | Country) | 12. CITIZI | FN OF | 1 |
| | arking life, even if retired) | | | | | | WHA | T COUNTRY? | |
| 3, FATHER'S NAM | | | | Balti | more Md | | US | A | _ |
| | | | | | garet A. S | mi th | | | |
| | EVER IN U.S. ARMED | | 16. SO CIAL | 17. INFORMA | | | ADDRESS | S | |
| Yes, no or unknown) | (If yes, give wor or date | s of service) | SECURITY NO. | The delta of | | | Cam | | |
| 1B. / | 45 17 | | CALLET | Fathe OF DEATH | er | | Sam | E INTERVAL E | ETW/EEN |
| 100 | OXI | | CAUSE | OF DEATH | | | 340 | ONSET AND | |
| DISEAS | E OR CONDITION DI LEADING TO DEATH | RECTLY | Acuto | Tanzana | +wach ach | onobitio | | | |
| | of mean the mode of | | DUE TO | Laryngo | tracheobr | onenitis. | | | ****** |
| heort failure, | asthenio, etc. It means | the diseose, | DOE 10 | | | | | | |
| | | | | | | | | | |
| | NTECENDENT CAUSE | | (B) | | ***************** | · · · · · · · · · · · · · · · · · · · | | | |
| RISE TO THE | R CONDITIONS, IF A | | DUE TO | | | | | | |
| | G CONDITION LAST. | | (C) | | | | | • = = = = = 0 = 0 0 0 0 = = 0 = = 0 | |
| <u>ō</u> | | | | | | | | | |
| O THE I | IIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING | LATED TO T | | | | | | | |
| 19A, DATE OF | OPERATION 198. CON | DITION FOR | WHICH OPERATION | 20 A. AUTO | | OB. IF YES, WERE FIN | | | |
| Ö | WAS PER | FORMED | | | Yes | N CERTIFYING CAUS | ES OF DE | ATH? | es |
| Q 21 A. EXTERNAL O UNDERLYING D UTING CAUS | OR CONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., , form, foctory, street, o | in or obout 21 office bldg., IN. | C. WHERE DID () | f in Boltimore City, giv | re exact la | ocotion) | |
| 21D TIME | (Month) (Doy) (Yeo | r) (Hour) 2 | 1E. INJURY OCCURRED | 211 | HOW DID INJU | RY OCCUR? | | | |
| (APPROX.) | | m. V | VHILE AT NOT | WHILE | | | | | |
| 22. | fy that I held on I | | | opsy X | and that an this | hasia daath in m | w aninia | | |
| | | F7 | | | | s basis, death in m | | | |
| result | ed fram: Natural ca | uses X A | scident Suicid | | | ndetermined manne | r 🗀 | | |
| ACTUAL | 01 | | //- | | F MEDICAL EX | | | DATE SI | |
| SIGNATU | | arle I | 1 ally M.D. | | MEDICAL EX | | | 3/24/ | 66 |
| EXAMINI NAME (T | ('h 21' 6 | s S. Pe | tty, M.D. | ASSOCIAT | E MEDICAL EX | AMINER | | | |
| 23A. BURIAL CREA | AATION, 238 DATE | 23 | C. NAME of CEMETERY | CREMATOR | 23D. LC | CATION (City, | town, or o | county) | (Stoto) |
| REMOVAL (Specify) | 1/ 2/2/ | 166 (| edar Hell | Lerne | ting / | on the | Corel | Et lis. | 216 |
| | BY HEALTH DEPT. | 248 NAME | OF REGISTRAR | 24C. FU | NERAL DIRECTOR | 27 | 11:41 | ADDRESS | 1 2 |
| MAR | है विश्वा विश्व | 2 2 2 V | प्रतिक विकास । प्रतिक विकास । | 71% | 75 - Hy - 5 | | or com | 180 | - /0 |
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| VS 151-REV. 1/1/6 | 13 | - | and the same of the same of | | | | 7 | 100 | |



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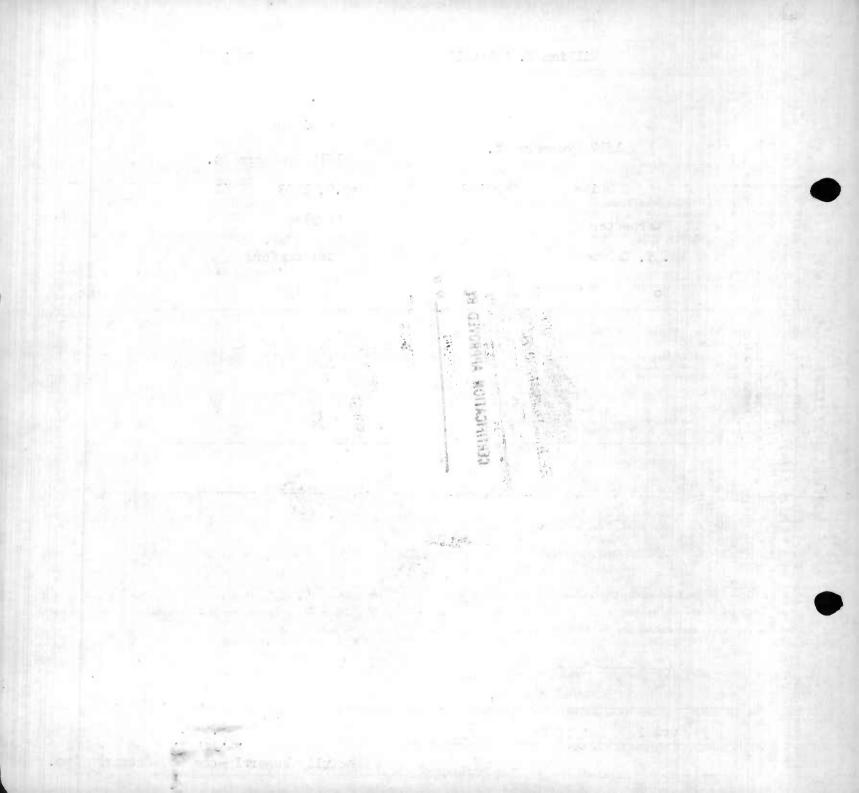
BALTIMORE CITY HEALTH DEPARTMENT

| Registered | No. 6 | 1131 | 10 |
|------------|-------|-------|------|
| Registered | L(O) | 1:0)1 | 11.3 |

| BIRTH NO. M.E. CASE NO. | 66 03 | OUT CE | RTIFICA | TE OF DEATH | Registered No | 6 13007 |
|---|---|--|-----------------------------|---|---|--|
| 1. NAME OF DE | | T. Caldwell | | 2. DATE | 3/23/66 | H let |
| PLACE OF D | EATH IN BALTIMORE, MA | RYLAND | | 4. USUAL RESIDENCE (W | here deceased tived. If | institution; residence before admission |
| FULL NAME HOSPITAL OR INSTITUTION | | ** | 2 3 T | Md. C. CITY OR TOWN HE Baltimore D. STREET ADDRESS | outside city timits, write | e RURAL ond give township) |
| 5. SEX | l6. RACE | 7. MARRIED, NEVER MA | ARRIED | 1517 Sycam | 9. AGE (In years | If Under 1 Yr., If Under 24 Hrs |
| M | White | Married & | D Ispecify) | Dec.9, 1903 | fost birthdoyl | If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min. |
| one during most o | CUPATION (Give kind of world working tife, even if retired) Irpenter | 108, KIND OF BUSINESS | OR INDUSTRY | Maryland | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 3. FATHERS NA | . Caldwell | , co | | 14. MOTHERS MAIDEN N Ida Sanfo | | |
| 5. Was Decease fes, no or unknow No | d Ever in U. S. Armed For (If yes, give wor or dote | s of service | IP) NO. | 17. INFORMANT Family | | Address Same |
| DISEASES rise la 1 UNDERLYIN OTHER SIGN TO THE DISEASE OI | LEADING TO DEATH nat mean the mode of , asthenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) IG CONDITION lost. II WIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING | ony, giving the stating the disease, a death.) ONTRIBUTING TO THE IT. | DUE TO | alchro | glenka * | 9 |
| 19A. DATE C | F OPERATION 198. CON | IDITION FOR WHICH OPE | RATION | 20 A. AUTOPSYP (Yes or | No.) 20B, IF YES, WERI IN CERTIFYING C | E FINDINGS CONSIDERED AUSES OF DEATH? |
| OR CONTRIE | ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner | 21B. PLACE OF home, form, for etc.) | INJURY (e.g., in street, of | or obout 21 C. WHERE DID ince bidg., INJURY OCCUR? | IIf in Bottime | ore City, give exoct tocotion) |
| 21 D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeor) | (Hour) 21E INJURY O | Not While | 21F. HOW DID II | NJURY OCCUR? | |
| that (I) (we | y that (1) (this hospita) last saw the decease nd from the causes sta | ed alive an M | wood | 1 19 66 and liew the bady after death | | plnian death accurred an the da |
| 23A. SIGNAT | URE | lin | M.D. Atte | nding Med. Director | Stoff Phys. | 3-23-6£ |
| 23 C. PHYSI CH | Samuel : | Rubin, | M.D. | Bal | Patapsco timore, Md | . 21225 |
| Buri | | | | 25C. FUNERAL DIRECTI | A-A Co Md. | City, town, or county) (State) ADDRESS |

McCully Funeral Home 237 Patapsco Ave.

150-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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| ~ | death death death seased on the | 1 | |
|-----------------------------|---|---|---|
| HE | hospite (5) De ance | 3 | |
| 4.1 11/4 4.01 | in a cause garen | 3 | |
| | ntributi rmined egular | s made, |] |
| | death or ca Undete as in r | sition | 1 |
| TANT | he direct kind; (4) death w ce an the | d or final dispasition is made. | |
| IMPOR | Alsa, if the of any aunced | med or fi | |
| FUNERAL DIRECTOR: IMPORTANT | This certificate must be appraved by the chief medical examiner or his assistant if death accurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident af any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined Lause (5) Deceased was D.O.A. at a hospital (except where the physician wha pronaunced death was in regular aftendance on the deceased prior to death. Such | written appraval must be obtained before the remains are embalmed or final dispasition is made. | |
| | This certificate muthe body was releshows: (1) An accivas D.O.A. at a hadeceased priar ta | written appraval | |

| 00 000 | | HEALTH DEPARTMENT | | 00 |
|---|--|--|--|--|
| BIRTH NO. 66 0300 | CERTIFICA | TE OF DEATH> | Registered No. | 56 43009 |
| M.E. CASE NO. | | 2. DATE AND | D HOUR OF DEATH | |
| Type or Print) Mary Dora Weel | a | 3-23- | -66 | 1.50 5 4 |
| PLACE OF DEATH IN BALTIMORE, MARYLAN | ID | 4. USUAL RESIDENCE (Where | deceased lived. If ins | stitution: residence before odmission) |
| | | A. STATE B. COUNT | Y | n of |
| FULL NAME OF (If not in hospitot or inst oddress or location) | titulion, give street | Maryland c. city of town (If outs | ide city timits write P | LIPAL and give township) |
| INSTITUTION | | | | OKAL olid give township) |
| 3 | | Baltimore 2 | LZU6 urol, give location) | |
| The Johns Hopkins Ho | enital | 829 Chesco A | Arronito | |
| | ARRIED. NEVER MARRIED | | AVEITUE | If Under 1 Yr. , If Under 24 Hrs. |
| | DOWED, DIVORCED (specify) | | ost birthdoy) | Months Doys Hours Min. |
| emale White Ma | arried | 3-25- 76 | In country) | 12. CITIZEN OF |
| ne during most of working lile, even if retired) | | 1 | l cookiny | WHAT COUNTRY? |
| Housewite | | Mary lon | cl | USH. |
| FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | I E | |
| George Rader | | Theresa | | |
| Was Deceased Ever in U. S. Armed Forces? | 16. SOCIAL | 17. INFORMANT | | ADDRESS |
| A A | SECURITY NO. | H-22.11 | Uells 82 | of Change Hre |
| 1B. 44 0 0 11 | Ø13 [0775] | F DEATH | cells ox | INTERVAL BETWEEN |
| T & X 1 | | DEATH / | | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTL LEADING TO DEATH | 1.11 | La Olle Contra | Da to | 1. lunces |
| (This does not mean the made of dying | g, e.g., DUE TO | more au | elastizoccil | laceon |
| heart failure, asthenia, etc. It means the dinjury or complication which caused death | | 1 ~ 11. | | |
| ANTECEDENT CAUSES | (8) Oc | malmed AS | CUD | 4. 0. |
| DISEASES OR CONDITIONS, if ony, | DUE TO | 0 | | |
| tise to the obove couse (A) stotic | | | | |
| UNDERLYING CONDITION last. | *************************************** | 00000000 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| II | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTR | | | | |
| DISEASE OR CONDITION CAUSING IT. | | 100 | | |
| 1994. DATE OF OPERATION 198. CONDITION | N FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes at No) | IN CERTIFYING CAU | INDINGS CONSIDERED USES OF DEATH? |
| OLA ACCIDENT WAS INDESIGNED | [2] B. B. A. G. B. C. M. M. C. | (1016 111111111111111111111111111111111 | 06 : 5 12 | |
| OR CONTRIBUTING CAUSE OF | 21 B. PLACE OF INJURY (e.g., in home, larm, factory, street, of | fice bidg., INJURY OCCUR? | (It in Bolhmore | City, give exact tocotion) |
| DEATH (notify medical examiner) | etc.) | | | |
| 21D. TIME (Month) (Doy) (Year) (Hot OF INJURY | ur) 21 E. INJURY OCCURRED | 21F. HOW DID INJU | IRY OCCUR? | |
| (APPROX.) | While At Not While Work At Work | | | |
| 22. I certify that (I) (this hospital) atte | | MARCH 17 11 | 9 66 to N | 11014 22 |
| | de a semen | 11 | | - 0 |
| that (1).(we) last saw the deceased ali | ve an //////CCFT / | 19.6.0 and tha | t in (my) (apin | nian death accurred an the dat |
| and haur and fram the causes stated at | pave. (I) (We) (did) (did not) v | iew the bady after death. | | |
| 23A. SIGNATURE | 1- | | | 23B. DATE SIGNED |
| Michielas Lori | Kuru M.D. Atte | nding Med. Director | Stoff Phys. | 3.23.66 |
| 23C. PHYSICIAN'S | | 23D. ADDRESS | _ | |
| NAME (Type) | M.D. | Ш Т-1 | 1-1 | |
| Nicholas J. Fortui | .n | The Johns Hor | Kins Hosp | y, town, pr county) (Stote) |
| REMOVAL (Specify) 3 2/ (| C. C. | 100 1 | 514 | 1 |
| Burial Jab-66 | randons of tai | 14 Cometery 1- | 4110. N | hol. |
| A. DATE REC'D BY HEALTH DEPT. 25B. I | NAME OF REGISTRAR | 25C UNERAL DIRECTOR | 1 0 , 71 | ADDRESS ADDRESS |
| MAR 20 1955 (Colour & | L. Follows | The up to | veek (L1 | 1 - 100 00 10 4 |
| S 150-REV. 1/1/65 | | 1 | | |

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disnocition is with the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

| NAME OF DEC | | 1.0 | | TE OF DEATH | ID HOUR OF DEATH | 00 00010 | | |
|--|--|---|--|--|--|--|------------------------|--|
| ype or Print) | SADI | E HARS | HMAN | 3-21-66 5:15 P M | | | | |
| PLACE OF DE | ATH IN BALTIMORE, MA | ARYLAND | | 4. USUAL RESIDENCE (When | | institution; residence before | | |
| FULL NAME O | OF (If not in hospital | Los institution | ave steed | MARYLAND | | | | |
| HOSPITAL OR | oddress or location | | give sireer | | side city limits, write | RURAL and give township |) | |
| | | | | FREDERICK (| COUNTY | 60-00 | | |
| 2 THE | JOHNS HOPKI | NS Hes | PITAL | D. STREET ADDRESS (If | rural, give location) | | | |
| | | | | RT 6 | | | | |
| SEX | 6. RACE | | NEVER MARRIED D. DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Un Months Doys Hours | der 24 Hr Min. | |
| FEMALE | WHITE | | RRIED | 3-28-98 | 67 | | | |
| | UPATION (Give kind of working life, even if retired) | | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore | gn country) | 12, CITIZEN OF WHAT COUNTRY? | | |
| Housew | | Own H | ome | Maryland | | U.S.A. | | |
| FATHER'S NA | | Owii ii | OME | 14. MOTHER'S MAIDEN NA | ME | U.D.A. | | |
| F | REDERICK N | NUSBAUM | | HANNAH WI | ELKER | | | |
| 5. Was Deceased | d Ever in U. S. Armed Fo | orces? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS | | |
| es, no or unknow | n) (II yes, give wor or dot | tes of service) | SECURITY NO. | | | | | |
| No | | | 213-24-8127 | Mrs. Catherine | Fritz- Th | urmont, MdRo | | |
| 1B. 7 | 2.41 | | CAUSE O | FUEAIH | | ONSET AND | | |
| DISEA | SE OR CONDITION DI | | T'm h | olus to R pul | | . to an | | |
| (This does | not mean the made a | | DUE TO | oras co u bar | nonary ar | tery I hou | <u>r</u> | |
| heart failure, | asthenia, etc. It means | s the disease, | alla alla | astic anemia | | 18 mon | ths | |
| | inplication which cooses | Chr | onic gram neg | 2. 9 . | | | | |
| | ANTECEDENT CALISE | \$ | | | | | ks | |
| | ANTECEDENT CAUSES | | DUE Repo | eated gram ne | gative sh | ock 6 wee | | |
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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Hute i-plastal white Rules John tion 2/5 m /1/8 /42/5 Thelan Keepe Register con CHECKINGTON FEDERALLIAN SECTIONS HERE HERE HELD

| IRTH NO. | 66 11 | 31112 | HEALTH DEPARTMENT | ered No |
|--|--|---|--|--|
| A.E. CASE NO. | | CEKTIFICA | TE OF DEATH | |
| NAME OF DECEASED | | | 2. DATE AND HOUR C | OF DEATH |
| | DAISY E. H | | 3/23/66 | |
| PLACE OF DEATH IN | BALTIMORE, MARYLA | AND | A. STATE B. COUNTY | lived. If institution: residence before admissi |
| FULL NAME OF | (If not in hospital or in: | stilution, give street | Md | 9111 |
| HOSPITAL OR | oddress or location) | | C. CITY OR TOWN (If outside city lin | mits, write RURAL and give township) |
| 0 | 3912 Yolando | Rd. | Baltimore | |
| | Baltimore, N | 4d. 21218 | D. STREET ADDRESS (If rurol, give le | ocotion) |
| | | | 3912 Yolando Rd. | |
| SEX 6. RAC | | MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | 8. DATE OF BIRTH 9. AGE (In lost birthdoy | |
| Female Ca | | Married | 1/17/83 83 | |
| | | KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| lone during most of working | ille, even if felifed) | Own Home | Howard County, Mary | |
| Housewife 3. FATHER'S NAME | | Owir Home | 14. MOTHER'S MAIDEN NAME | Tand U.S.A. |
| John Door | 10 | | Justina Gries | |
| John Boon | | 114 (00) (1) | JUSTINA GFIES | ADDRESS |
| 5. Was Deceased Ever in Yes, no or unknown) (If yes | s, give wor or dotes of | | | 3912 Yolando Rd |
| No - | | 216-07-9037B | Louis C. Einwachter | Baltimore, Md. 21218 |
| 18. // / | . /1 | CAUSE C | F DEATH | INTERVAL BETWEEN |
| DISEA'SE OR | CONDITION DIRECT | TIY | P | ONSET AND DEATH |
| | ING TO DEATH | | V | Red 3 hos |
| (This does not me | an the mode at dyin | ng. e.g., DUE TO | e vary 1 vo | with |
| | nio, etc. It means the | disease | | |
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VS 150-REV. 1/1/65

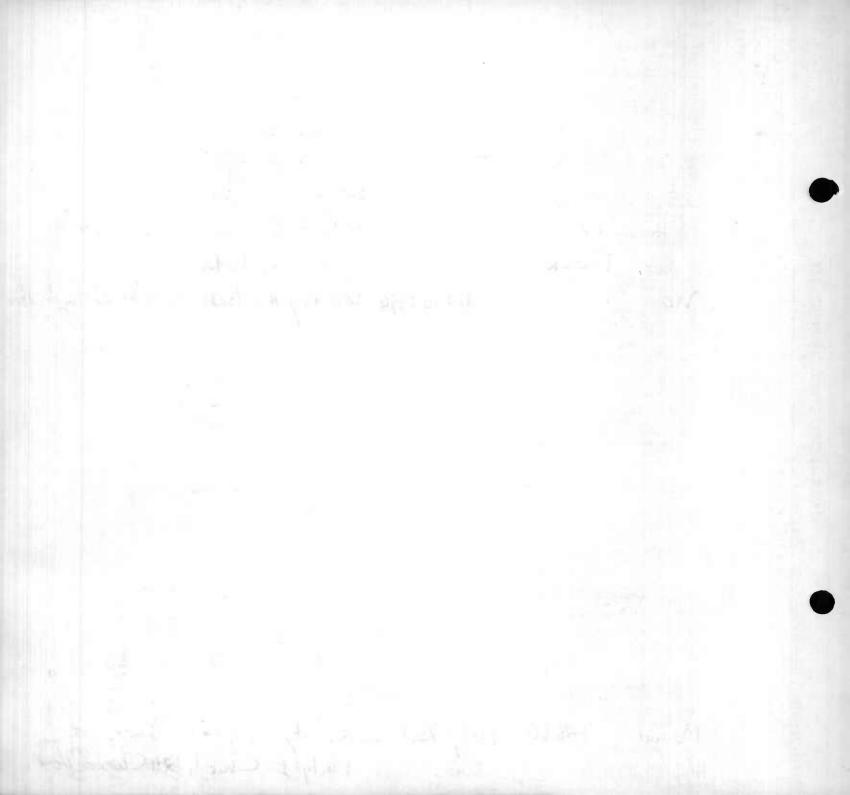
Wm. Cook-Brooks Inc

Baltimore, Md.

A STATE OF S Carlotte and the second of

| V | | HEALTH DEPARTMENT | SG 531113 |
|------|--|--|---|
| 100 | TH NO. 66 03013 CERTIFICA | TE OF DEATH Registered No. | 00 00010 |
| 1. N | E. CASE NO. | 2. DATE AND HOUR OF DEATH | 1 |
| (Ту | pe or Print) MARY C. WINDHAM | 3/23/6 | 1. 1 705 AN |
| 3. 1 | | 4. USUAL RESIDENCE (Where deceased fived. If | institution; residence before admission) |
| | FILL NAME OF A first in bassital as institution and stead | | 703 |
| 1 | HOSPITAL OR oddress or location) | C. CITY OR TOWN (If outside city limits, write | RURAL and give township) |
| 2 | NASTITUTION | The second secon | |
| - | | D. STREET ADDRESS (If rurol, give location) | |
| T] | he Johns Hopkins Hospital | 841 North Collingto | n Avenue |
| 5. 5 | | B. DATE OF BIRTH 9. AGE (In years | tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| 1 | Female White Widow | 2-24-90 76 | |
| 104 | LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| don | | Ohio | USA |
| 13. | | 14. MOTHER'S MAIDEN NAME | 0-13 |
| | Enauk | Sucheda | |
| 15. | Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL | | ADDRESS |
| (Ye | s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | Dout A Clouds & | YIM CILL DA A |
| - | | | INTERVAL BETWEEN |
| | 70/// | T DEATH | ONSET AND DEATH |
| | LEADING TO DEATH | Songe | 218 hr |
| | (This does not mean the mode of dying, e.g., | fine a second | |
| | injury or complication which coused death.) | T 11. 2 | 41 |
| | ANTECEDENT CAUSES | I breeding | 7 ca. |
| | DISEASES OR CONDITIONS, if ony, giving | 1 , 0 , 0 | 2 |
| | UNDERLYING CONDITION lost. | lufa correo | knows , yes. |
| | | | |
| O | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| AT | DISEASE OR CONDITION CAUSING IT. | | |
| F | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | IN CERTIFYING C | FINDINGS CONSIDERED AUSES OF DEATH? |
| E C | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INTIBY (e.g., | | ore City, give exact location) |
| | OR CONTRIBUTING CAUSE OF home, form, foctory, street, of the contribution of the contr | ffice bldg., INJURY OCCUR? | one only, give oxact reconony |
| Š | | | |
| VEC | OF INJURY | | |
| - | | | 31 |
| | 22. I certify that (1) (this hospital) attended the deceased fram | 3/19 19 600 | 2/23 1966 |
| | that (I) (we) last sow the deceased alive an | 19 ond that in (my) (our) ap | pinion deoth occurred on the dat |
| | ond hour and from the causes stated above, (1) (We) (did) (did not) | view the bady after death. | |
| | 23A. SIGNATURE | | 23 B. DATE SIGNED |
| | Milling 7. Attacks M.D. Att | ending Med. Staff Phys. | 3/23/20 |
| | 23 C. PHYSICIAN'S | 23D. ADDRESS | (0) |
| | ASTH SU T. HARST M.D. | SIA, VIGITI SINTIATE | HOJRITAL |
| 244 | | EMATORY 24D. LOCATION (| City, town, or county) (State) |
| | BEMOVAL (Specify) 3-26-66 111 D. Com | Contra Buth | Vict " |
| | Made To 7 Reduce | my compy 124 110. | |
| 254 | | 25 UNFRAL DIRECTOR | ADDRESS// |
| 254 | A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RESISTRAR | 25 SUNERAL DIRECTOR LOS LOS | 211 Chasoco Here. |
| | MEDICAL CERTIFICATION 13. 15. 10. 10. 10. 10. 10. 10. 10 | BRITH NO. M.E. CASE NO. LINAME OF DECEASED (Type or Pann) 3. PLACE OF DECTAIN OF MACHINA OF CONTRIBUTION FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION FUND HOPKINS HOSPITAL FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION FEMALE FEMALE MICHOPHYSICIAN S. SEX 6. RACE 7. MARBIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specif | DECASE NO. The DOT DECASE PLACE OF DEATH IN BALTIMORE MARILAND PULL NAME OF DEATH IN BALTIMORE MARILAND PULL NAME OF OF DEATH IN BALTIMORE MARILAND PULL NAME OF ORDER IN BALTIMORE MARILAND PULL NAME OF ORDER IN BALTIMORE MARILAND PULL NAME OF ORDER IN BALTIMORE MARILAND PULL NAME OF MOSPITAL OR ORDER IN BALTIMORE MARILAND A. STATE A. |

FUNERAL DIRECTOR: IMPORTANT



| | | | | BALTIMORE CITY | HEALTH DEPARTMEN | | | |
|----------|-------------------------------------|---|-------------------|--|---------------------------------|--|--------------|--|
| M.1 | TH NO. | | 3014 | CERTIFICA | TE OF DEAT | Registered | | 03014 |
| | pe or Print) | George Kaut | ech | | | | | 6 20 A |
| 3, 1 | PLACE OF DEA | ATH IN BALTIMORE MA | RYLAND | | 14. USUAL RESIDENCE | March 21, | If instituti | 6.29 A.M |
| 1 | FULL NAME OF HOSPITAL OR | OF (If nat in haspitol oddress or locotion | or institution, (| | Md. c. city or town Baltimore | (If outside city limits, w | rite RURA | ralt |
| 1 | 2 | Bel Air N | guraring | поще | D. STREET ADDRESS 1717 Forr | est Ave. | 3 | |
| 5. 9 | M | 6. RACE | | NEVER MARRIED DIVORCED (specify) | Aug. 11, | 90 9. AGE (In years lost bighds) | Mo | Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min. |
| | e during most of | UPATION (Give kind of work working life, even if retired) | | BUSINESS OR INDUSTRY k Runner | Balto. | | 12. | CITIZEN OF WHAT COUNTRY? |
| 13. | FATHERS NAM | ME | | | 14. MOTHER'S MAIDEN | The state of the s | | |
| 15. | Wos Deceosed | Ever in U. S. Armed For | ces? | 1 6. SOCIAL | 17. INFORMANT | 111-11 | | ADDRESS |
| (Te | - | (If yes, give wor or date | | 215-03-4234 | Edward R | Kautsch I | L424 | Winston Ave. |
| | 18. 4-2 | 0.1172 | 60 X | CAUSE O | FDEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEA | SE OR CONDITION DIE | RECTLY | | | | 100 | 2 30 |
| | (This does n | not mean the made at | dvina. e.a | (A) Cor | onary infarct | tion | | 3 days |
| | heart failure, | asthenia, etc. It means | the discose, | | | | 10.00 | |
| | | nplication which coused ANTECEDENT CAUSES | deam./ | (B) Art | eriosclerotic | C.V.D. | | |
| | | | | DUE TO | | | | # # # # # # # # # # # # # # # # # # # |
| | rise la lh | OR CONDITIONS, if a bave cause (A) G CONDITION last. | | (C) | | | | |
| ATION | TO THE D | III IFICANT CONDITIONS C | TED TO TH | s Di abe | tes mellitus. | | | |
| ERTIFICA | | OPERATION 19B. CON WAS PER | DITION FOR V | | 20A. AUTOPSY? (Yes | | ERE FINDI | NGS CONSIDERED OF DEATH? |
| CAL CEI | OR CONTRIBL | NT WAS UNDERLYING DING CAUSE OF | | PLACE OF INJURY (e.g., in e., lorm, foctory, street, of | or about 21 C. WHERE D | ID (If in Bold R? | timore City | /, give exact location) |
| MEDI | 21D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Year) | | INJURY OCCURRED ile At Not While tk At Work | | D INJURY OCCUR? | | |
| | 22. I certify | that (1) (this hospital |) ottended ti | he deceased from | March 18. | 19 66 ta 1 | March | 21. 19.66. |
| | that (I) (we) | last saw the decease | d olive on | March 18, | 19 <u>66</u> ar | nd that in (my) (XDE) | | death occurred on the date |
| | L | | red above. (I | (Max) (did) (did) (very) (| iew the bady after de | ath. | - | |
| | 23A. SIGNATU | THE IN THE | 5/7/1. | - 1 M/ ED | nding A Med. [| Stoll - | 23 B. | DATE SIGNED |
| | 23C. PHYSICIA | NY D | 1.ell, | W Phy | Director 23D. ADDRESS | Phy s. | | March 23, 1966 |
| | HAME | Baltasar | B. Vel | ez M.D. | 615 East | ern Blvd. | | |
| 24/ | BURIAL CRE | MATION, 248. DATE Specily) | 24C. N/ | AME of CEMETERY of CRE | | 4D. LOCATION | (City, to | wn, or county) (State) |
| | Buria | | | reland | | Balto. | Md: | |
| 25 / | MAR 2 | 5 1986 P. Cen | 258 HAME | OF AEGISTRAR | P. A. He | CTOR | | arford Rd. |
| - | | - 16, | 1- | | 1100 | omornia OO | A 1 11 | MATURE INC. |

T. L. Linguigen Color Berrond at A.

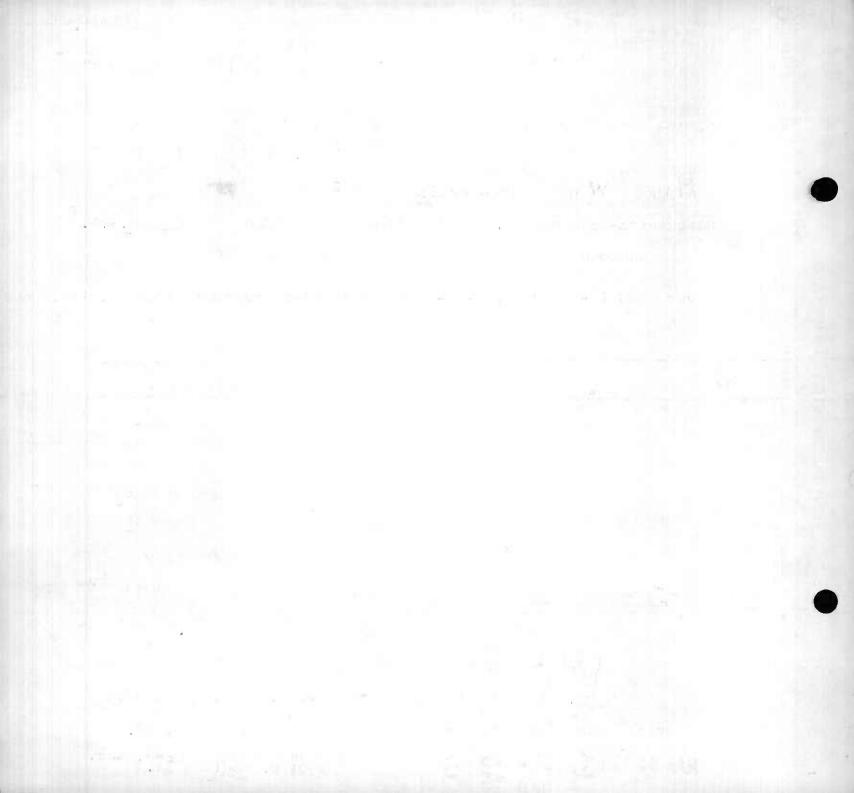
| BIRTH NO. | 66 11 | 0015 | TY HEALTH DEPARTMENT | / Registered No | .66 (3015 |
|---|--|--------------------------------------|--|------------------------------------|---|
| M.E. CASE NO 1. NAME OF E (Type or Print) | | \ | 2. DATE AN | D HOUR OF DEAT | 1645 p |
| | DEATH IN BALTIMORE MA | . Leap. | | 3/66 | |
| FULL NAM HOSPITAL C | E OF (If not in hospital | or institution, give street | A, STATE B. COUN Mary Land C. CITY OR TOWN (If out | TY | RURAL and give township) |
| INSTITUTION | | | Baltimore | | 5370 |
| 7 | mency | Hospital | | rurol, give location) | |
| 1 | | 1100 P 1 00 1 | 815 merts | N Road | (Essex) #21 |
| . SEX | 6. RACE | 7. MARRIED, NEVER MARRIED | | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 H Months: Doys Hours Min. |
| m | ω | WIDOWED, DIVORCED (specify) | 6-27-13 | 52. | 74101111S |
| | | 1 10B. KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State of fore) | | 112. CITIZEN OF |
| | it of working life, even if retired) | | | | WHAT COUNTRY? |
| Electro | onic Eng. | Bendix | San Francisco | , Calif. | U.S.A. |
| 3. FATHER'S | NAME | | 14. MOTHER'S MAIDEN NA | | |
| | | | | | |
| | ised Ever in U. S. Armed Fo | | 17. INFORMANT | | ADDRESS |
| | own) (If yes, give wor or do | les of service) SECURITY NO. | (nee Szyman | | |
| no | | 541-07-1352 | Agnes Leap, v | wife. above | |
| 1B. / | 2.11 | | OF DEATH | | INTERVAL BETWEEN |
| 1 6 | EASE OF CONDITION D | RECTLY | | | ONSET AND DEATH |
| 513 | LEADING TO DEATH | R | vouchogenie car | Muchus | 2 years |
| (This doe | s not mean the mode o | dying, e.g., DUF TO | ronongeme cov | Calomic | a yxuvs |
| | ure, osthenia, etc. It mean | | 0 | | |
| injury or | complication which couse | d deoth.) | | | |
| | ANTECEDENT CAUSE | S (B) | | | |
| DICEACEC | | DUE TO | | | |
| | S OR CONDITIONS, if the obove cause (A) | | | | |
| | ING CONDITION last. | storing the (C) | 000000 ******************************** | | |
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| OTHER SI TO THE DISEASE | GNIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING | ATED TO THE | | | |
| 19A. DATE | OF OPERATION 198. CO | NOITION FOR WHICH OPERATION, | 20A. AUTOPSY? IYes of No | 208, IF YES, WER | E FINDINGS CONSIDERED AUSES OF DEATH? |
| U 21 A. A CC | IDENT WAS UNDERLYING | 218. PLACE OF INJURY le.g. | in or obout 21C. WHERE DID | Ilf in Boltime | ore City, give exoct location) |
| | otify medical examiner | home, form, foctory, street, etc.) | office bldg., INJURY OCCUR? | | |
| 0 | | | | | |
| OF INJUR | (Month) (Doy) (Year | | 21F. HOW DID INJ | URY OCCUR? | |
| (APPROX.) | • | While At Not W | | | |
| | | | | | 4127 |
| 22. I cert | tify that 🬇 (this hospita | ol) ottended the deceased from | 3/6 | 19 .66 ta | 3 23 1966 |
| that the | we) lost sow the deceos | sed olive on 3 23 | | | pinion death accurred an the d |
| | | | | | p |
| | | oted obove. Ma (We) (Mill) (did nat) | view the body after deoth. | | |
| 23A, SIGN | ATURE | 1 | | | 238, DATE SIGNED |
| | 2,000 | M.D. A | Med. | Stoff Z | 3/23/66 |
| 22.5 81125 | Jusan No | pur l' | hys. Director | Phys. | 0 200 |
| 23C. PHYSI | E (Type) | | 23D. ADDRESS | | |
| | | M.I | D. | | |
| AA. RIIDIAI | CREMATION, 248. DATE | 24C. NAME of CEMETERY of C | DEAA ATORY 24D 1 | OCATION | City, town, or county) (State |
| | AL (Specify) | 240. ITAME OF CEMETERS OF C | 240. [| OCATION | ony, lowin, or country/ |
| Burnal | - 1 | 6/66 Oak Lawn Ceme: | tom: | ltimoss M | 4 |
| | C'D BY HEALTH DEPT. | | Lery Ba | ltimore, M | ADDRESS |
| DA AL | 25 1986 (1.0) | 258. NAME OF REGISTRAR | | | |
| MARIN | ma 1200 APRS | () () () () () () | Sebimunek Fun | eral Home 5 | treet #5 |
| | 12.446 | | | | |

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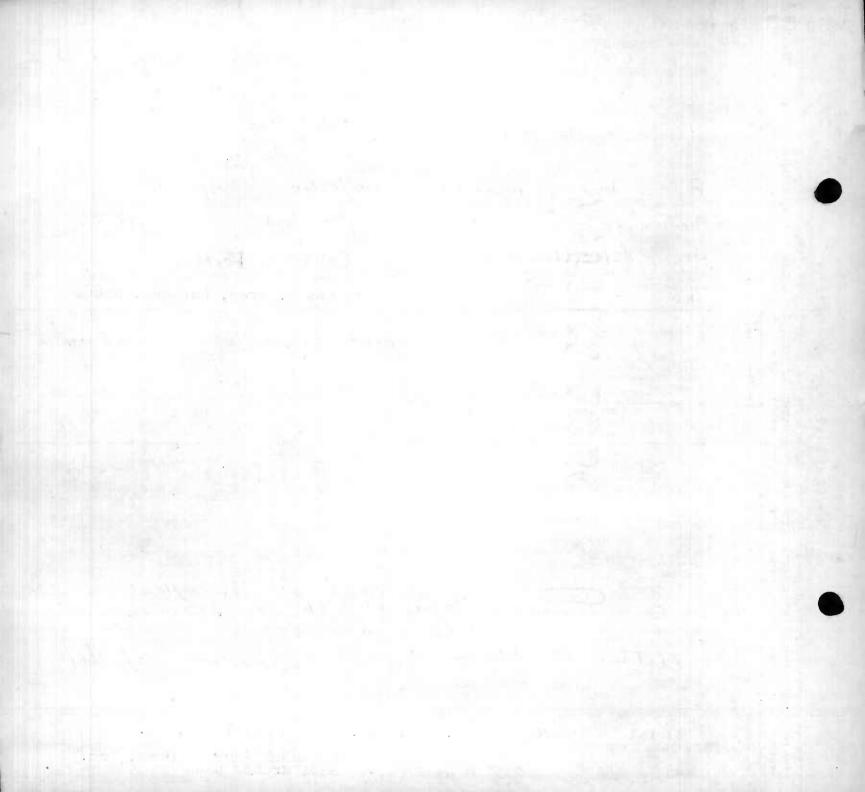
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VS 150-REV. 1/1/65

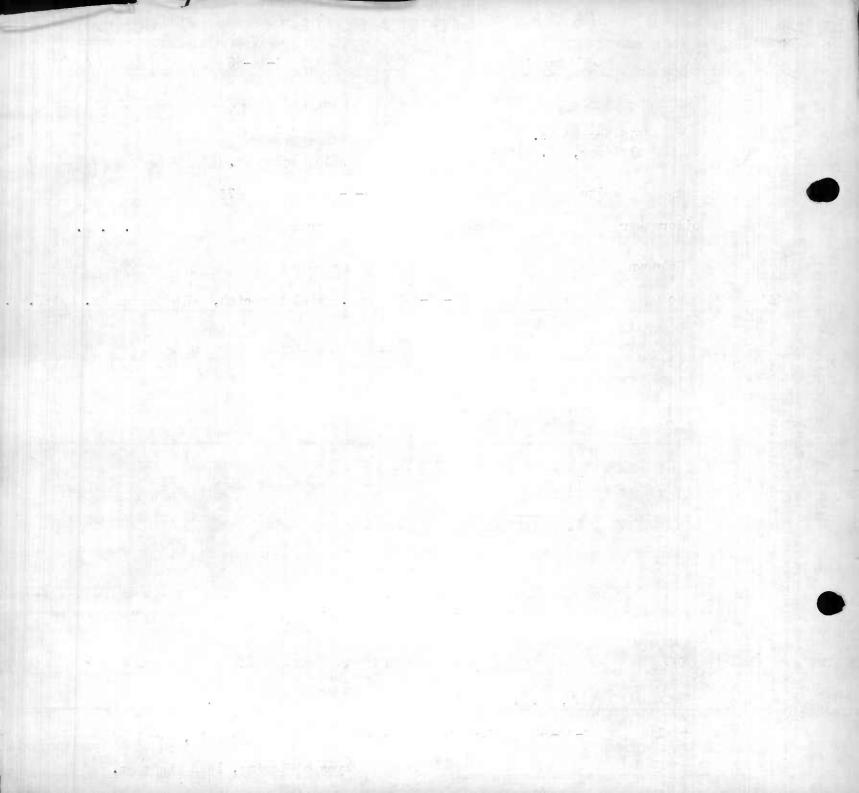


BALTIMORE CITY HEALTH DEPARTMENT



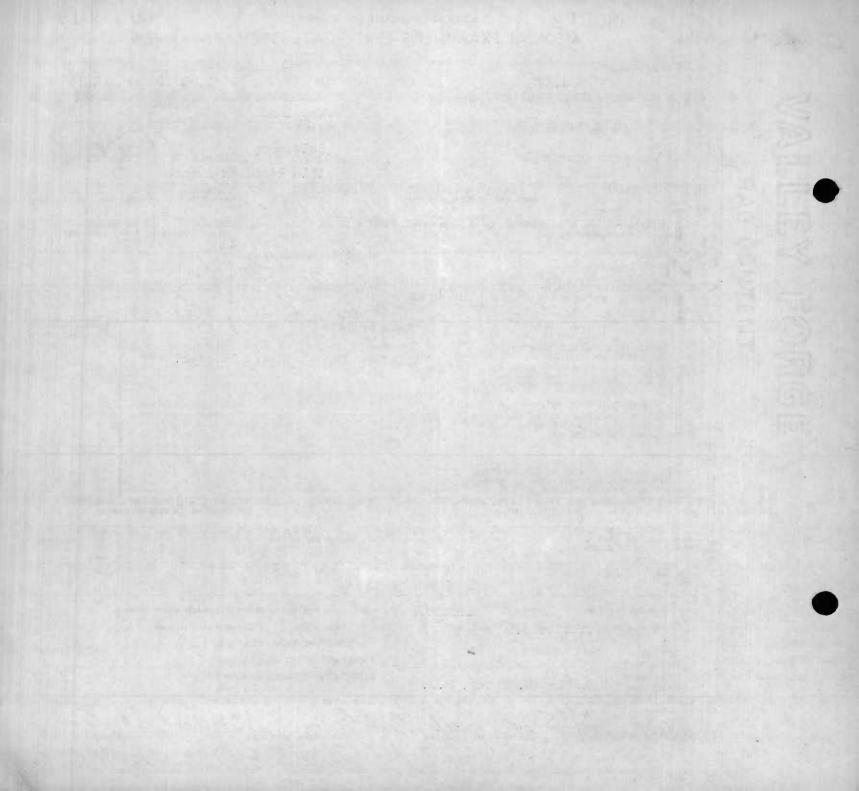
VS 150-REV. 1/1/65

| M.E. CASE NO. | CEASED | | 05.(11110/ | TE OF DEATH | Registered Na. | 00 00 |
|---|---|---------------------|---|---|----------------------|--------------------------------|
| (Type or Print) | | отон | | | | 1115 |
| BLOS RERECICH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | | | | 3-24-66 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission | | |
| | | | | A. STATE B. COU | NTY | 211 |
| FULL NAME OF (If not in hospital or institution, give sheet oddress or location) INSTITUTION 3616 Second St. Baltimore, Md. 21225 | | | | C. CITY OR TOWN (If outside city limits, write RURAL and give tawnship) | | |
| | | | | | | |
| | | | | 2676 0 | 04 00005 | |
| | | | | - SEX | 6. RACE | |
| Male | White | Marri |), DIVORCED (specify) | 2-3-91 | lost birthdoy) | Months Doys Hours Min. |
| OA. USUAL OCC | UPATION (Give kind of work | | | 11. BIRTHPLACE (State or for | reign country) | 12. CITIZEN OF |
| done during most of working life, even if retired) | | | ad | Anatonia | | WHAT COUNTRY? |
| Boilermaker Retired 3. FATHERS NAME | | | eu | Austria 14. MOTHERS MAIDEN NA | A A A F | U. S. A. |
| M CAINERS NA | | | | MOINERS MAIDEN NA | 7/4/6 | |
| Unknown | | | | Unknown | | |
| 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (III yes, give war or dates of service) 1 6. SOCIAL SECURITY NO. | | | 17. INFORMANT ADDRESS | | | |
| No | No | | 086-07-8879 | Mrs. Ethel Rer | ecich, 3616 | Second St. Balto.N |
| 18. /6 | 2.11 | 200 | CAUSE O | | | INTERVAL BETWEEN |
| DISEA | ASE OR CONDITION DIR | ECTLY | 0 | | D | ONSET AND DEATH |
| 100 | LEADING TO DEATH | | (A) Ca | Kenona | dung , | |
| | nat mean the made of , asthenia, etc. It means | | DUETOB | Roman | | |
| | mplication which caused | | | | | |
| | ANTECEDENT CAUSES | | (B) | | | |
| DISEASES | OR CONDITIONS, if | any, giving | 500 10 | | | |
| | he abave cause (A) IG CONDITION last. | slating the | (C) | | | |
| ONDERENIN | 11 | | | | | |
| OTH ER SIGN | II VIFICANT CONDITIONS C | ONTRIBUTING | 3 | | | |
| E 10 1111 1 | DEATH BUT NOT RELA | TED TO TH | | | | |
| | F OPERATION 198. CON | DITION FOR | WHICH OPERATION | 20 A. AUTOPSY? (Yes or h | o) 208, IF YES, WERE | FINDINGS CONSIDERED |
| 19A. DATE O | WAS PERI | OKWED | | | IN CERTIFYING CA | USES OF DEATH! |
| U 21A. ACCID | ENT WAS UNDERLYING | 218 | PLACE OF INJURY (e.g., in | i oi obout 21 C. WHERE DID | (If in Boltimon | e City, give exact location) |
| DEATH (notil | ly medical examiner | etc. | | nee anga, masoki occok: | | |
| 0 21 D. TIME | (Month) (Doy) (Year) | (Hour) 21 E | INJURY OCCURRED | 21F. HOW DID IN | JURY OCCUR? | |
| OF INJURY | | | ile At Not While | e | | |
| | | Wo | | | | 511 |
| 22. I certif | y that (1) (this hospital |) attended t | he deceased from | un. 20 | 19 66 to 3: | - 3. 4 |
| that (1) (we |) last saw the decease | d alive an | 3-23 | 19 6k ond t | hat In(my) (our) api | nian death accurred an the do |
| and hour as | nd fram the causes stat | ed above. (I |) (We) (did) (did not) v | iew the bady after death | | |
| 23A. SIGNAT | URE | 1 | | | 0.00 | 23B. DATE SIGNED |
| It. | and le | 1 | M.D. Atte | ending Med. Director | Stoll Phys. | 3/24/66 |
| 23C. PHYSICI | ANS | | | 23D. ADDRESS | | |
| Samu | (Type) | D | M.D. | 203 Patansc | 0 170 | |
| 24A. BURIAL CR | | | AME of CEMETERY or CRE | | | ity, lown, or county) State) |
| REMOVAL | (Specily) | | | | LUCATION | 174 10 Wile of County) (31016) |
| Burial | 3-28-6 | | ar Bluff Cemet | | Annapolis, M | |
| 25A. DATE REC | D BY HEALTH DEPT. | | P. P. M. | 25C. FUNERAL DIRECTO |) R | ADDRESS |
| | | Erroll Sant a Comp. | TO SEE A SEE ASSESSMENT OF THE PARTY OF THE | Flynn & Flem | | |

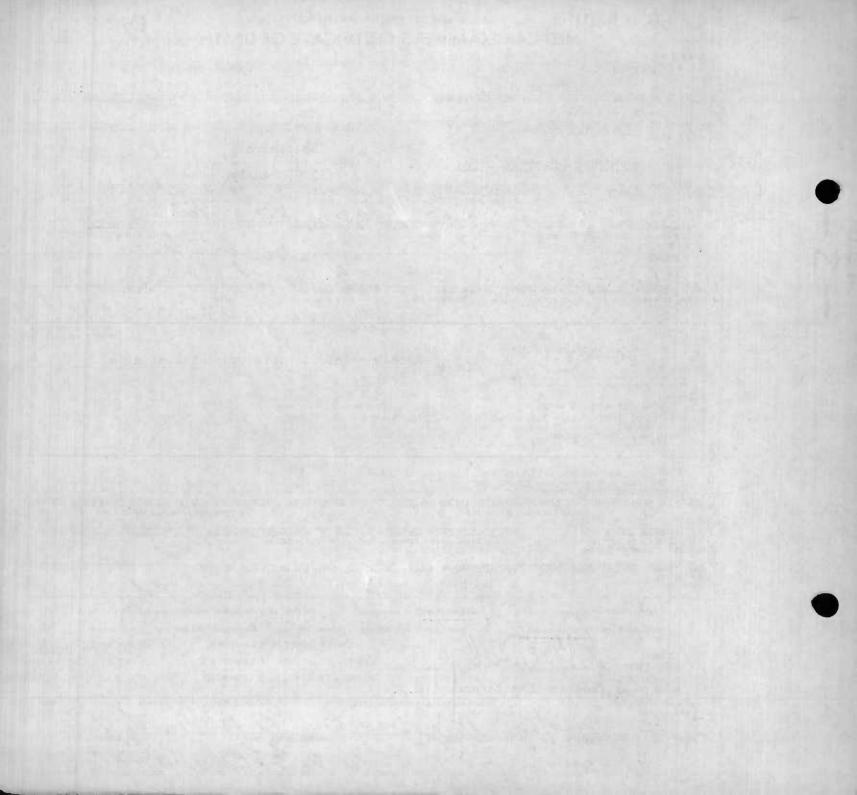


B-620 BIRTH NO. 66 03019 BALTIMORE CITY HEALTH DEPARTMENT 66 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

| M.E. CASE NO. | | |
|--|---|--|
| 1. NAME OF DECEASED | PR00110 | 2. DATE AND HOUR PRONOUNCED DEAD |
| LAWRENCE | BROOKS | March 21, 1966 10:45 P |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE | PRONOUNCED DEAD | A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission of the state of the stat |
| FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION INSTITUTION | R INSTITUTION, GIVE STREET | C. CITY OR TOWN (If outside carporote limits, write RUR L and give tawnship) |
| Lutheran Hospital | | Baltimore D. STREET ADDRESS (If rural, give locotion) |
| | | 1018 Braddish Avenue |
| 5. SEX 6. RACE 7. WID | ARRIED, NEVER MARRIED OWED, DIVORCED (specify) | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months, Days, Haurs, Min |
| Male Negro | Angle | VIII. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF |
| 10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired) | NAD OF BUSINESS OK INDUSTRI | Ball med WHAT COUNTRY? |
| 3. FATHER'S NAME | 1 | 14. MOTHER'S MAIDEN NAME |
| Yornest Droots | | Lottie Bush |
| 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no ar unknown) (If yes, give wor or dates of | | 17. INFORMANT ADDRESS |
| yes world Wait Z | | Husy Xcoll Ellase Md |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | CAUSE | E OF DEATH INTERVAL BETWEEN ONSET AND DEAT |
| DISEASE OR CONDITION DIRECT LEADING TO DEATH | | iosclerotic Heart Disease. |
| (This does not meon the mode of dyin heart failure, asthenia, etc. It meons the injury ar camplication which caused death. | g. e.g., DUE TO | |
| ANTECENDENT CAUSES | | |
| DISEASES OR CONDITIONS, IF ANY, IT IS TO THE ABOVE CAUSE (A) STATIN | GIVING DUE TO | |
| UNDERLYING CONDITION LAST. | (C) | |
| 2 | (0) | |
| OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED | | |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM | | 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| ZIA. EXTERNAL CAUSE WAS | | No |
| UNDERLYING OR CONTRIB- | hame, farm, factory, street, etc.) | in ar about 21C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR? |
| 2 | Hour 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| (APPROX.) | m. WHILE AT NOT AT W | WHILE OVERK |
| 22. I certify that I held an Inquit | ry Inspection X Au | tapsy and that an this basis, death In my apinlan |
| resulted fram: Natural causes | X Accident Suicid | de Hamicide Undetermined manner |
| ACTUAL O/ | | CHIEF MEDICAL EXAMINER DATE SIGNED |
| SIGNATURE L'aute | of Tack M.D | ASSISTANT MEDICAL EXAMINER 3/22/66 |
| NAME (Type) Charles S. | . Petty, M.D. | ASSOCIATE MEDICAL EXAMINER 3/22/66 |
| 23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify) | 23C. NAME of CEMETERY | ar CREMATORY 23D. LOCATION (City, tawn, ar county) (State) |
| Buriel 3/25/6 | 6 Rall Mas | the Cenn, 5501 Trebreck about |
| MAR 25 1971 | I AME OF REGISTRAR | The of Elil 1170 h f. A |
| VS 151-REV. 1/1/65 | 76 44 7 | Joiner, Chillen 127 11. William |



| BIRTH NO. | MEDI | ICAL EXAMINER'S C | ERTIFICAT | E OF DEA | TH Register | ed No | |
|--|---|---|--|----------------------------|----------------------|------------------------------------|-------------------------------|
| M.E. CASE NO. | | | | | | | |
| T. NAME OF DE | CEASED | | CELOTA TAC | 2. DATE AND HO | UR PRONOUNCE | DEAD | |
| | | RSON EPPS | | | 23, 1966 | | :50 Am. |
| | | HERE PRONOUNCED DEAD | 4. USUAL RESIDÊNCE (Where deceased lived. If institution: residence before admission A. STATE Maryland B. COUNTY | | | | |
| FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOCA | AL OR INSTITUTION, GIVE STREET (TION) | - | VN (If outside corp | orate limits, write | RURAL ond give I | la wnship) |
| | T TIMITED AND LICE | DTEAT DOA | | RESS (If rural, give | locotion) | | |
| | LUTHERAN HOS | PITAL - DOA | | 03 Dennly | | | |
| 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) | B. DATE OF BIRTH | | AGE (In years | If Under 1 Yr. If Months Doys | Under 24 Hrs. Hours , Min. |
| Male | Negro | Widower | Jan. 15 | 1841 | 73 | | |
| | UPATION (Give kind of work working life, even if retired) | 108. KIND OF BUSINESS OR INDUSTR | 11. BIRTHPLACE | Stole or foreign cou | ntry) | 12. CITIZEN OF | ITRY? |
| Bet | theel | V | Yhima | reneberted 6 | ovatu Va | | |
| 13. FATHER'S NAM | ΛE | | 14. MOTHER'S MA | AIDEN NAME | 1 | | |
| Carle | n Exeroi | 1 | Toasi | er on | nither | oon | |
| | ED EVER IN U.S. ARMED | | 17. INFORMANT | , | | ADDRESS Q | |
| Tres, no or onknown | in yes, give won or dole | S of Services | 10,0mg | in Mille | not to 2 | cos De | · ~ 1 |
| 18. // | 0 1 | CAUSE | OF DEATH | as office | MICHELE ST | INTERV | AL BETWEEN |
| | o(). / I | | | 1 | | ONSET | AND DEATH |
| DISEA | SE OR CONDITION DI LEADING TO DEATH | RECTLY Arter | ioscleroti | c cardiov | ascular d | isease | |
| (This does | not mean the mode of , asthenia, etc. It means | dying e.g., DUE TO | 1000101001 | Lo cararov | aboutar a. | - Deade | |
| injury ar co | mplication which coused | deoth.) | | | | | |
| | ANTECENDENT CAUSE | S | | | | 1,87 (3)60 | |
| DISEASES | OR CONDITIONS, IF A | NY, GIVING (B) | | | | | |
| | IE ABOVE CAUSE (A) ST NG CONDITION LAST. | TATING THE | | | | | |
| Z | | (C) | | | | | |
| OTHER SIGN TO THE DISEASE OF THE DIS | 11 | | | | | | |
| OTHER SIG | NIFICANT CONDITIONS DEATH BUT NOT RE | CONTRIBUTING LATED TO THE | | | | and the same | |
| DISEASE O | R CONDITION CAUSING | | Loo A AUTOReve | N V N V TOOR | te vec these sixt | | |
| SE 19A. DATE O | WAS PER | FORMED | no | ? (Yes or No) 208. IN C | ERTIFYING CAUSE | | KED |
| | L CAUSE WAS | 21B. PLACE OF INJURY (e.g., | in or obout 21 C. W | HERE DID (If in | Boltimare City, give | e exact location) | |
| UNDERLYING CAL | OR CONTRIB- | home, farm, factory, street, | affice bldg., INJURY | OCCUR? | | | |
| N 21D TIME | | ALL AND | 215 HC | NA CAR INTITION O | CCUPS | | |
| OF INJURY | (Manth) (Doy) (Year | | | OW DID INJURY O | CCORP | | |
| | | m. WHILE AT NOT AT W | WHILE ORK | | | | A DELLI |
| 22. I cer | tify that I held an I | nquiry Inspection X Au | topsy and | that on this bo | sis, death in my | opinian | |
| resu | Ited from: Natural ca | uses X Accident Suicid | le Homici | de Under | termined monner | | |
| | 1/1/1/1 | 9 | CHIEF MI | EDICAL EXAMI | | - T T | |
| ACTUA | | Mutuly M.D | ASSISTANT MI | | | DAT | E SIGNED |
| EXAMII NAME (| NER'S Rudiger | Breitenecker, M.D. | ASSOCIATE M | EDICAL EXAMI | NER 🗌 | | 3-23-66 |
| 23A. BURIAL CRE | MATION, 238 DATE | 23C. NAME OF CEMETERY | OF CREMATORY | 23D. LOCAT | ION (City, | town, ar county) | (State) |
| REMOVAL (Specif | 2/1/ | 111 Graf 10,0 | . tr | 101 | 7 /0 | The she | 0 |
| 24A, DATE RECT | BY HEALTH DEPT. | 248, NAME OF REGISTRAR | 124C. FUNED | AL DIRECTOR | c. Cour | LEY ME | L |
| | MAR 25 1869 | 12 C. Echman | mit | 1 8 5.0 | Han 11 | 3971/ | Heri St |
| VS 151-REV, 1/1. | | | (nucu-n | a.apre | 1000110 | ~ mal | The state of |



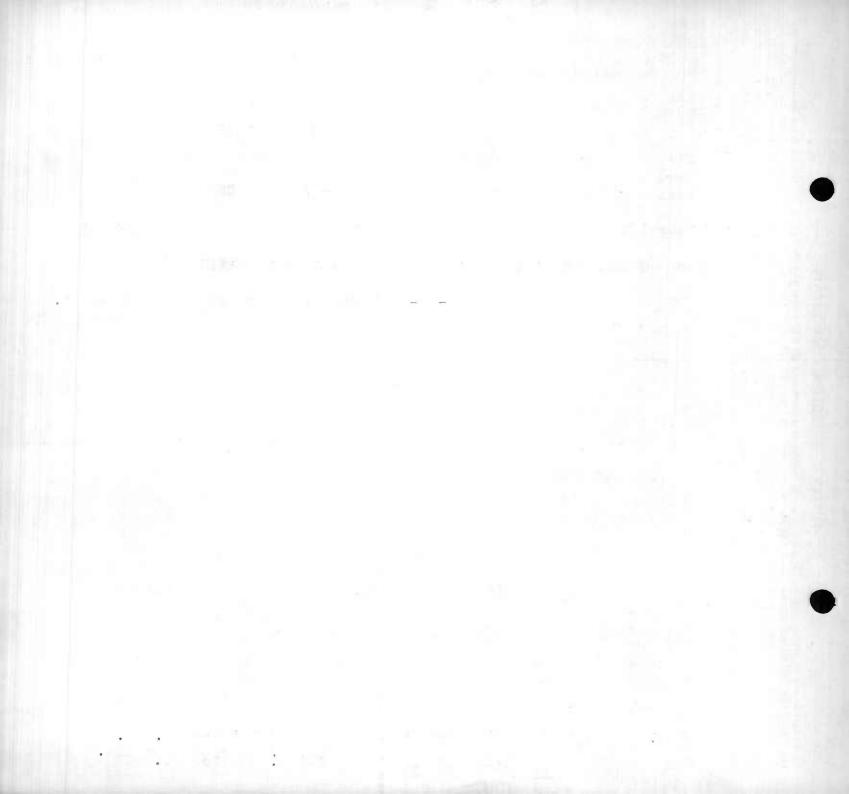
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of death

| Registered | No. | 66 | 436 | 12 |
|------------|------|----|-----|----|
| Registered | 1100 | 1 | | |

| A.E. CASE NO. | 13021 | | 10 5 6 5 5 | AND HOUR OF DEATH | |
|--|--|--|---|---|---|
| ype or Print Amna Wisne | wek: | | Mare 2. DATE | | |
| PLACE OF DEATH IN BALTIMORE, A | | | 4. USUAL RESIDENCE (W | here deceased lived. If in | nstitution; residence before admission |
| HOSPITAL OR oddress or loco | al or institution, (| give street | Maryland | | RURAL and give township) |
| INSTITUTION | | | | | KOKAL UIIG give (Uwilsiiip) |
| 3 | | | Baltimore D. STREET ADDRESS | (If rural, give location) | |
| The Johns Hopkin | ns Hosp: | ital | 2000 Flee | t Street | |
| SEX 6. RACE Female White | 7. MARRIED, | NEVER MARRIED), DIVORCED (specify) | B. DATE OF BIRTH 9-14-97 | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min. |
| OA. USUAL OCCUPATION (Give kind of w | ork 108. KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | preign country) | 12. CITIZEN OF WHAT COUNTRY? |
| one during most of warking life, even if retired Housewife | d) | | Poland | | Poland |
| 3. FATHER'S NAME | | | 14. MOTHER'S MAIDEN N | AME | TOTALIG |
| | | | C-11. WASA | ****** Ku | laszozyk |
| Frank Petrowski ! | Plotrows | ki 1 6. social | 17. INFORMANT | TATELY ALL | ADDRESS |
| res, no or unknawn) (If yes, give wor or d | lotes of service) | SECURITY NO. | | orowski 200 | 00 Fleet St. |
| 18. 15 4 X I | | CAUSE O | DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION | | | , , , | u d. h : | |
| LEADING TO DEAT | | (A) C | erebral n | 70/45/45/5 | 2 nonths (? |
| heart failure, asthenia, etc. It mea | ns the disease, | | | | 6 months |
| ANTECEDENT CAUS | F 5 | C41 | 11/12/10/10/11 | V TUIL | 6 4404145 |
| | | (B) | 50,0000 | 126/000 | |
| DISEASES OR CONDITIONS, i | | DUE TO | ecinoma of | V3 6 1000 | |
| rise to the above couse (A | f ony, giving | DUE TO | 9 | X3 & 7 0 0 0 | |
| | f ony, giving | DUE TO | | | |
| rise to the above couse (A UNDERLYING CONDITION lost. | f ony, giving A) slotling the CONTRIBUTING | (c) | secondary to | , 186. | |
| rise to the above couse (A UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RIDITIONS CAUSING | f ony, giving A) slotling the CONTRIBUTING ELATED TO TH G IT. | (c) | secondary to Obstruction, Per | , 186. Vectul absces | FINDINGS CONSIDERED |
| OF THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) | f ony, giving A) sloting the CONTRIBUTION ELATED TO TH G IT. ERFORMED 218. bom | WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of | Secondary to Obstruction Per | No 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED |
| OF THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RED DISEASE OR CONDITION CAUSING WAS PORT OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF | CONTRIBUTING CONTRIBUTING ELATED TO TH GIT. ONDITION FOR VERFORMED 218. hom etc.) (Hour) 21E. | PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred in the street of the street | Secondary to Destruction few 20A. AUTOPSY? (Yes or Mo in or obout 21 C. WHERE DID fice bldg INJURY OCCUR? | No) 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED LUSES OF DEATH? |
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| TISE IO THE above couse (A UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISTANCE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS POR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yes (APPROX.) 22. I certify that (I) (this haspithat (I) (we) last saw the deceand haur and fram the causes see 23A. SIGNATURE | CONTRIBUTING ELATED TO TH GIT. CONDITION FOR VERFORMED 218. hom etc.) an (Houn) 21E. Whi wo | PLACE OF INJURY (e.g., in e., form, foctory, street, of the last o | 20A. AUTOPSY? (Yes or Monar about 21 C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID I | No) 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED LUSES OF DEATH? THE City, give exact location) 3-25-6 19 inian death accurred an the da |
| TISE IO THE above couse (A UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS POLICY (A CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year (APPROX.) 22. I certify that (I) (this haspithat (I) (we) last saw the decease and haur and from the causes see 23A. SIGNATURE Particularies (A CONDITION TO THE CONDITION TO THE COURT OF THE CONDITION TO THE CONDITION TO THE CONDITION TO THE COURT OF THE CONDITION TO | CONTRIBUTION CONTRIBUTION CONTRIBUTION ELATED TO TH GIT. CONDITION FOR V ERFORMED 218. Mon ct.) (Hour) 218. Whi whi tal) attended the contribution of th | WHICH OPERATION PLACE OF INJURY (e.g., in e. form, foctory, street, of injury occurred in the injury occurred injury occur | 20A. AUTOPSY? (Yes or Monar about 21 C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID I | NO) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimot NJURY OCCUR? 19 66 to 3 that In (my) (aur) ap h. Tuttery | FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location) 3-25-6 Inian death accurred an the da |
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| TISE IO THE above couse (A UNDERLYING CONDITION TO ST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 19.A. DATE OF OPERATION 19.B. COWAS POLICY (A CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 19.C. (Yes (A CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 19.C. (Yes (A CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 19.C. (Yes (A CONTRIBUTING CAUSE OF INJURY (A PPROX.) 19.C. (A CONTRIBUTING CAUSE OF INJURY (A PPROX.) 19.C. (A CONTRIBUTING CAUSE OF INJURY (A PPROX.) 19.C. (A CONTRIBUTION CAUSE OF INJURY (A CONTRIBUTION CAUSE O | CONTRIBUTING ELATED TO TH GIT. ONDITION FOR VERFORMED 218. hom etc.) on) (Houn) 21E. Whi woi tal) attended the used alive on tated obave. (I | PLACE OF INJURY (e.g., in e. form, foctory, street, of INJURY OCCURRED INJURY OCCURRED IN Marc 4 25) (We) (did) (did nat) v M.D. Alle | Secondary to Destruction for 20A. AUTOPSY? (Yes or Mo or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID I 2-19 19.66and iew the body after death inding Med. Director 23D. ADDRESS The Johns | No) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimon NJURY OCCUR? 19 66 ta 3 that In(my) (aur) ap h. Tutery Stoff Phys. Hose | FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact locotion) 3-25-6 19 19 238. DATE SIGNED May Ch 25, 1966 |
| TISE IO THE above couse (A UNDERLYING CONDITION Tost. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSING (WAS PERCENT) 19.A. DATE OF OPERATION 19.B. COWAS PERCENT (CONDITION CAUSING (WAS PERCENT) 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Doy) (Year (APPROX.) 22. I certify that (I) (this haspithat (I) (we) last saw the decease and haur and from the causes see 23.A. SIGNATURE 23.C. PHYSICIAN'S | CONTRIBUTING ELATED TO TH GIT. ONDITION FOR V ERFORMED 218. hom etc.) (Hour) 21E. Whi wor tal) attended the sed alive on | PLACE OF INJURY (e.g., in e., form, foctory, street, of INJURY OCCURRED in At Work he deceased fram | 20A. AUTOPSY? (Yes or Monar about 21 C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID I 2-19 19 66 and iew the body after death anding Med. 23D. ADDRESS The Johns MATORY 24D. | No) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimon NJURY OCCUR? 19 66 ta 3 that In(my) (aur) ap h. Tutery Stoff Phys. Hose | FINDINGS CONSIDERED (USES OF DEATH? THE City, give exact locotion) 3-25-6 19 238. DATE SIGNED May Ch 25, 1966 Spital City, town, or county) (Stote) |

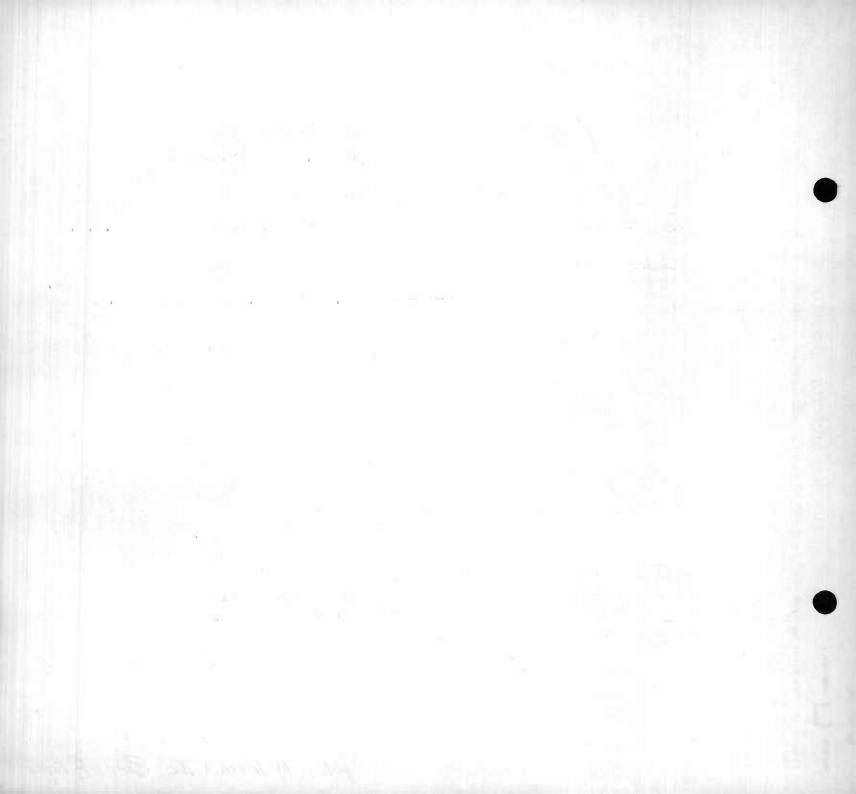
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IMPORTANT

DIRECTOR:

FUNERAL

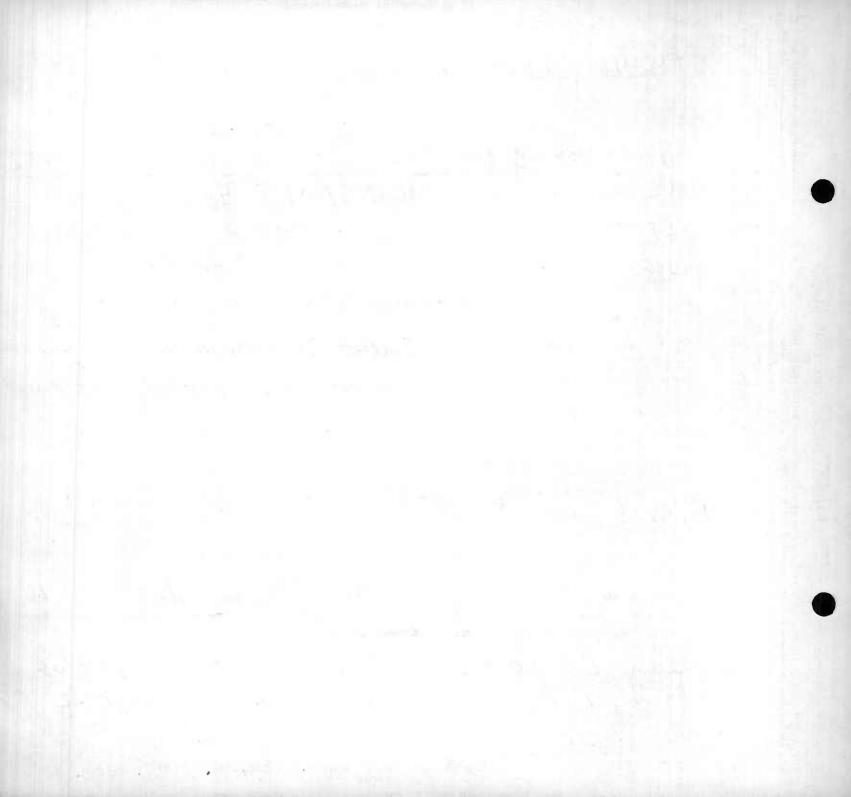


IMPORTANT

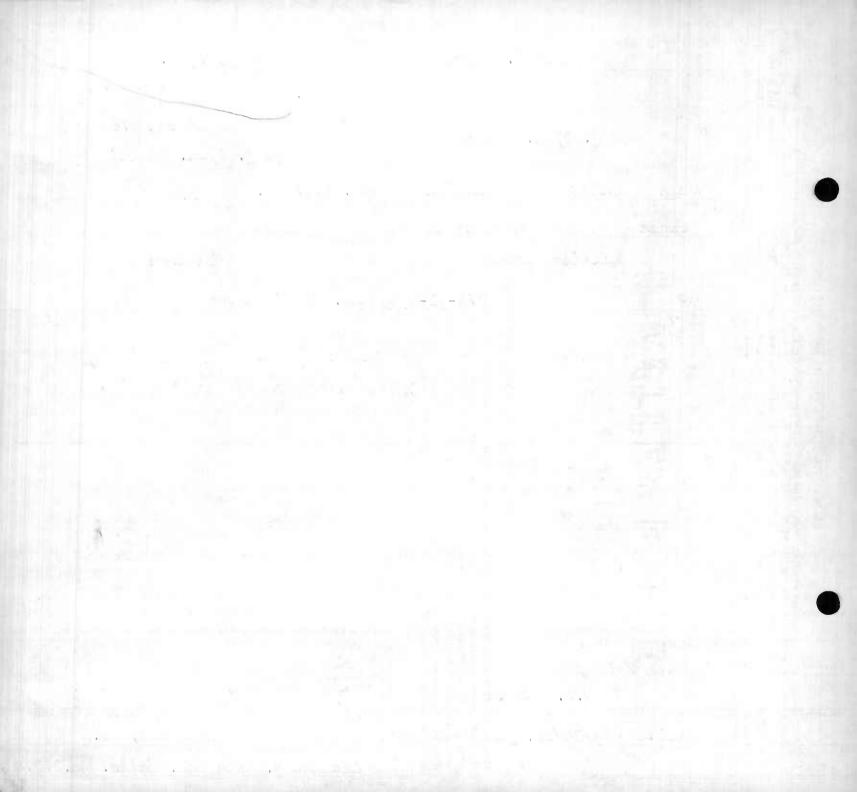
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65



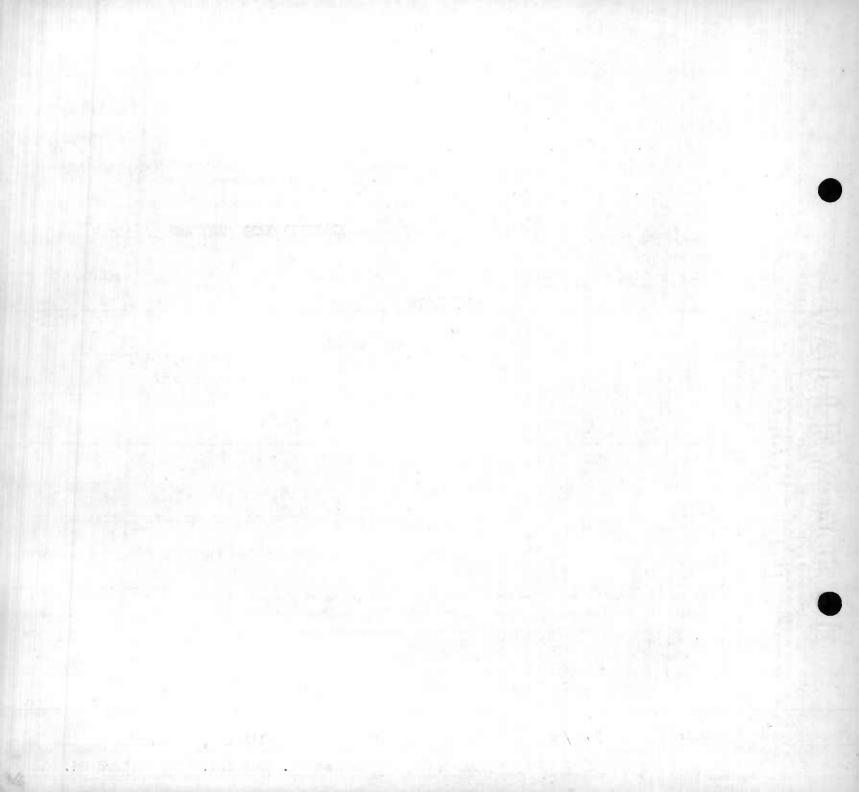
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

| MEDICAL | LAAMIINEK 5 CI | EKTIFICATE OF DEATH Registered No. | |
|---|--|--|-------------------|
| M.E. CASE NO. 1. NAME OF DECEASED | | 2. DATE AND HOUR PRONOUNCED DEAD | |
| (Type or Print) CLAYTON | H. KOEHLER, | Sr. March 24, 1966 3: | 10 A M. |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO | NOUNCED DEAD | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence b. STATE B. COUNTY | refore odmission) |
| FULL NAME OF (IF NOT IN HOSPITAL OR IN | STITUTION, GIVE STREET | Maryland | |
| HOSPITAL OR ADDRESS OR LOCATIONI | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give | 10 Whship) |
| | | Baltimore #18 | 4 |
| 707 Exeter Hall Avenue | | 707 Exeter Hall Avenue | |
| | IED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. | If Under 24 Hrs. |
| Mala White | ED, DIVORCED (specify) | May 22, 1907. S8 Months Doys | Hours Min. |
| 10A, USUAL OCCUPATION (Give kind of work 10B. KIN | | Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | |
| done during most of working life, even if retired) | coress Co. | Maryland WHAT, EQU | NTRY? |
| 13. FATHER'S NAME | cpress (o. | 14. MOTHER'S MAIDEN NAME | |
| | Koehler | Rose M. Schlesing | <i>per</i> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, go, or unknown) (If yes, give war ar dates of servi | | | |
| yes WW2 | 267-05-0652 | Mrs. Adelaide Koehler (So | ame) |
| 18.4001 | CAUSE | | VAL BETWEEN |
| DISEASE OR CONDITION DIRECTLY | | | AND DEATH |
| LEADING TO DEATH (This does not mean the made of dying, | (A) Arteri | iosclerotic Cardiovascular Disease. | |
| heart foilure, astheria, etc. It means the diser injury or complication which coused death. | e.g., DUE TO | | |
| | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVI | NG (BI | | |
| RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. | | | |
| | (Cl | | |
| OF II | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | | | |
| DISEASE OR CONDITION CAUSING IT. | OR WHICH OPERATION | 20A. AUTOPSY? (Yes at Not 20B, IF YES, WERE FINDINGS CONSIDE | ERED |
| WAS PERFORMED | | NO IN CERTIFYING CAUSES OF DEATH? | |
| UTING CAUSE OF DEATH. | 218, PLACE OF INJURY (e.g., hame, form, foctory, street, a etc.) | in ar about 21C, WHERE DID (If in Boltimore City, give exact lacation) affice bldg., INJURY OCCUR? | |
| 21D TIME (Manth) (Doy) (Year) (Haur | 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| (APPROX.) | m. WHILE AT NOT W | WHILE | |
| 22. I certify that I held an Inquiry | | tapsy and that an this basis, death in my apinion | |
| resulted from: Notural causes 🗵 | Accident Suicide | le 🗌 Homicide 🔲 Undetermined manner 🗌 | |
| 0/ | | CHIEF MEDICAL EXAMINER | TE CIONED |
| SIGNATURE Charle | s) Tell M.D. | ACCICTANT MEDICAL EVANINED Y | 4/66 |
| EXAMINER'S NAME (Type) Charles S. | 0 | ASSOCIATE MEDICAL EXAMINER | 4,00 |
| 23A. BURIAL CREMATION, 23B. DATE | 23C. NAME of CEMETERY o | | (Stotel |
| REMOVAL (Specify) Runial 3/28/66. | Baltimore Na | tional (em. Baltimore, Md. | |
| Darra 7. | ME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRES | 2 |
| MAR 25 1966 (2 4 8 | Marit | Leonard J. Ruck Inc. Balto. 1 | Nd. 21211 |
| VS 151-REV. 1/1/65 | | | |

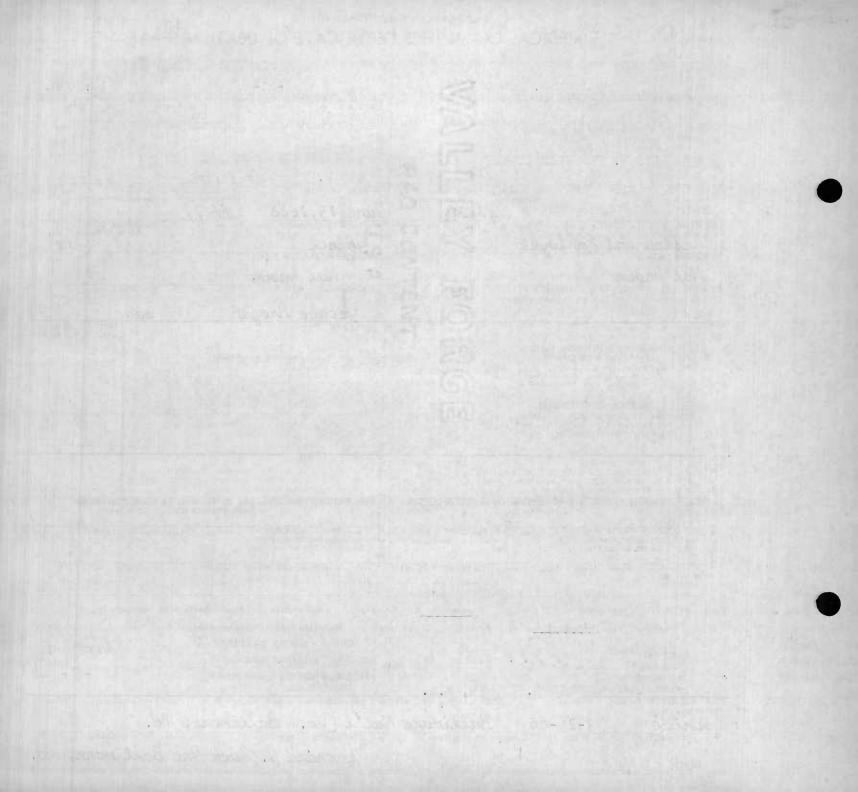
20 -105-2052 May . Marchael Ourses And the state of t Dielection of the barrier and

FUNERAL DIRECTOR: IMPORTANT

| | BALTIMORE CITY | HEALTH DEPARTMENT | B | 6 03026 |
|--|--|--|--|---|
| BIRTH NO. 66 03026 | CERTIFICA | TE OF DEATH | Registered Na. | 0 00000 |
| M.E. CASE NO. 1. NAME OF DECEASED | | 2. DATE AN | ND HOUR OF DEATH | |
| (Type or Print) MARY Euger | nio DRYde | N 24 | 1 MARCH | 166 12 5 pn |
| 3. PLACE OF DEATH IN BALTIMORE, MARYKAND | | 4. USUAL RESIDENCE (Whe | ere deceased lived. If in | stitution: residence before admission) |
| FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) | ion, give streel | C. CITY OR TOWN (If ou | tside city limits, write R | RURAL and give township) |
| INSTITUTION | | 0 14 | MORE | g.ve te memp |
| MARYLAND GENERA | Hospital | | Mon 4 m | ent st |
| , wind | RIED, NEVER MARRIED DWED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) 1 7 | If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours! Min. |
| | dowed | 30-JAWIIIS | 33 | |
| dane during most al working life, even il retired) | | 11. BIRTHPLACE (Stote or fore | ign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHERS NAME | lit ORGANIZATION | 14. MOTHER'S MAIDEN NA | MARYLAND | 4317 |
| ORVIlle Sta | vens | Edith | Robinson | |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (II yes, give was as dates of serv | ice) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| 100 | 212364978 | Son | SAME | As About |
| 18.296 X 1 | CAUSE O | F DEATH | ulare) | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Ini | incrania //(Su | alunal. | |
| (This does not mean the made of dying, heart failure, asthenia, etc. It means the dise | | elasochnow & | ulaCerel | ial |
| injury ar camplication which caused death.) | | n hemon | hage left | 4, |
| ANTECEDENT CAUSES | DUE TO | teneralized & | leeding | |
| DISEASES OR CONDITIONS, if any, gi | | delthes | is | |
| UNDERLYING CONDITION last. | The | mbocytope | enco' | ## (PARQAME ## (PARQAMEN AND AND AND AND AND AND AND AND AND AN |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | | | | |
| | FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No | 208. IF YES, WERE F | FINDINGS CONSIDERED USES OF DEATH? |
| OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) | 218. PLACE OF INJURY (e.g., in hame, farm, factory, street, at etc.) | n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR? | (If in Boltimore | City, give exact lacotion) |
| OF INJURY (Month) (Doy) (Yeoi) (Houi) | 21E INJURY OCCURRED | 21F. HOW DID INJ | URY OCCUR? | |
| (APPROX) | While At Not While Work At Work | e | | |
| 22. I certify that (1) (this haspital) attend | ed the deceased fram | 16 MBR | 19 66 ta | 24 MAR 19 66 |
| that (1) (we) last saw the deceased alive | on 24 MAR | 19 66 and th | nat in Long) (aur) opin | nlan death accurred on the date |
| and have and fram the causes stated above | re. (1) (We) (dld) (did not) v | riew the body after death. | | |
| 23A. SIGNATURE | On h | | / | 23B. DATE SIGNED |
| 1. C. Cullis | /// Phy | | Staff Phys. | 24-MAR-66 |
| 23C. PHYSICIAN'S NAME (Type) | uLLis M.D. | maryland & | General He | ospital |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | C. NAME OF CEMETERY OF CR | EMATORY 24D. L | OCATION (Cit | ty, town, or county) (State) |
| Burial 3,28/66 | Parkwood Cemeter | ry Bal | timore Mam | brefy |
| | ME OF REGISTRAR | 25C. FUNERAL DIRECTOR | | |
| MAR 25 1966 R. P. U. E. | Stanbergt | Leonard J. Ru | ck Inc. 5305 | Harford Rd. #14 |
| VS 150-REV. 1/1/65 | | | | |



| 010. | | BALTIMORE CITY HEAL | TH DEPARTMENT ERTIFICATE OF DEATH R | 66,03027 |
|---------------|--|--|---|---|
| BIK | E CASE NO. | AL EXAMINER 3 CI | EXTIFICATE OF DEATH | egistered No. |
| | NAME OF DECEASED | | 2. DATE AND HOUR PRON | OUNCED DEAD |
| (Ту | pe or Print) | SCHOOTIS | 3-21-66 | 10:20 A. M. |
| 3. 8 | PLACE IN BALTIMORE, MARYLAND, WHER | | 4. USUAL RESIDENCE (Where deceased lived. | If in stitution: residence before admission |
| | | | Maryland | B. COUNTY |
| HO | LL NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATION | OR INSTITUTION, GIVE STREET | C. CITY OR TOWN (If outside corporate limit | s, write RURAL and give township) |
| INS | TITUTION | | Baltimore | V-01 |
| 9 | 113 W. FRANKLIN S | STREET | D. STREET ADDRESS (If rurol, give location) | () |
| | | | 113 W. Franklin Street | |
| 5. S | | MARRIED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In lost birthdo) | yeors If Under 1 Yr. If Under 24 Hrs |
| 1 | Male White | DO WED DIVORCED (specify) | June 15,1888 /187 | 7 Months Doys Hours Min. |
| | . USUAL OCCUPATION (Give kind of work 108 | LIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF |
| don | e dyring most of working tite, even if retired) | 0 | Greece | WHAT COUNTRY? |
| 13, 1 | FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | 0.01 |
| | Not known | | Not known | |
| | WAS DECEASED EVER IN U.S. ARMED FO | | 17. INFORMANT | ADDRESS |
| | s, no or unknown) (If yes, give wor or dotes o | f service) SECURITY NO. | C D. | |
| _4 | 18. | CANCE | OF DEATH Brogan | Same INTERVAL BETWEEN |
| | 78811 | CAUSE | OF DEATH | ONSET AND DEATH |
| | DISEASE OR CONDITION DIREC | TLY | eriosclerotic cardiovasc | ular diapaga |
| | (This does not mean the made of dy | ing e.g., Dile to | erroscierocic cardiovasc | ular disease |
| | heart failure, asthenia, etc. It means the injury or complication which caused deat | h.) | | |
| | ANTECENDENT CAUSES | | | |
| | DISEASES OR CONDITIONS, IF ANY, | GIVING (B) | | |
| | RISE TO THE ABOVE CAUSE (A) STATI | ING THE | | |
| Z | | (C) | | |
| CERTIFICATION | II CANTELONIA CONTRIBUTIONS CO | N.TDIBLITING | | |
| S | OTHER SIGNIFICANT CONDITIONS CO | ED TO THE | | |
| RTI | DISEASE OR CONDITION CAUSING IT. | ION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 208. IF YES, W | ERE EINDINGS CONSIDERED |
| CE | WAS PERFOR | | IN CERTIFYING | CAUSES OF DEATH? |
| ¥ | 21 A. EXTERNAL CAUSE WAS | 21B. PLACE OF INJURY (e.g., | n or obout 21 C. WHERE DID (If in Boltimore (| City, give exact location) |
| S | UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | home, farm, foctory, street, o | ffice bldg., INJURY OCCUR? | |
| MEDIC | | ALL LANGUAGE CONTRACTOR | OLE HOW BIS INVITED OF STREET | |
| | OF INJURY | (Hour) 21E. INJURY OCCURRED | 21F, HOW DID INJURY OCCUR? | |
| | (APPROX.) | m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO | ORK | |
| | 22. 1 certify that I held an Inqu | iry Inspection X Aut | apsy and that an this basis, deat | h In my apinian |
| | resulted from: Natural cause | | | |
| | | | CHIEF MEDICAL EXAMINER X | |
| | ACTUAL / | Willes ! | ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| | SIGNATURE | M.D. | ASSOCIATE MEDICAL EXAMINER | 3-21-66 |
| | EXAMINER'S NAME (Type) RUSSELL S. | FISHER, M.D. | ASSOCIATE MEDICAL EXAMINER | 3 21 00 |
| | BURIAL CREMATION, 23B. DATE | 23C. NAME of CEMETERY of | CREMATORY 23D. LOCATION | (City, town, or county) (Stote) |
| KEA | MOVAL (Specify) | Raltimore N | at'l Cem. Baltimore | Md |
| 244 | A. DATE REC'D BY HEALTH DEPT. | 4R NAME OF REGISTRAD | 24C. FUNERAL DIRECTOR | ADDRESS |
| | | See | (| 7,1 |
| | MAR 25 1966 00 0 6 | 2 Fash | Leonard J. Ruck I | ne baccimone, ma. |
| VS | 151-PFV. 1/1/65 | | | |



| | BALTIMORE CITY | HEALTH DEPARTMENT | | |
|--|-------------------------------------|--|------------------------------------|---|
| BIRTH NO. M.E. CASE NO. | CERTIFICA | TE OF DEATH | Registered No. | 13028 |
| 1. NAME OF DECEASED (Type or Print) Feary James | Edwar | d C 100 | ND HOUR OF DEATH | 5 D. OV R. |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | | | ore deceased lived. If ins | titutions residence before admission |
| FULL NAME OF (If not in hospital or institution, give | re sireel | 0 1-4-1 | are. | 912 |
| HOSPITAL OR Oddress of acotion) INSTITUTION (MIN) Meanwill | 11 | C. CITY OR TOWN (IF . | utside city limits, write RU | // 0 |
| | | Baltim | | land |
| 4 Baltimore, mary | land | D. STREET ADDRESS | rupl, give lacotion () | Road 1218 |
| | DIVORCED (specify) | 8. DATE OF BIRTH | 9/ AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Ho Manths Days Hours Min. |
| Male Caucasian mai | niel | 1/28/80 | 83 | |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B | | 11. BIRTHPLACE Stale or for | eign cauntry) | 12. CITIZEN OF WHAT COUNTRY? |
| Retired Owner Mase. | Store | Marylow | (| 11.5-A. |
| 3. FATHERS NAME | | 14. MOTHERS MAIDEN NA | ME | |
| france tropper | | Amelia | 1-1001 | 1. |
| 5. Was Deceased Ever in U. S. Armed Farces? | 6. SOCIAL | 17. INFORMANT | C/ CM | ADDRESS |
| Yes, give war or dates of service) | SECURITY NO. | Mrs. Louise / | 1 Coope | (Sama) |
| No nestlavin | CAUSE OI | | 1. gewly | (Same) |
| 18. 4 20. 1 | CAUSE OF | DEATH | | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | Dielenter | 1.17 | 3-23-66-3- |
| (This does not mean the made of dying, e.g., | DUE TO | Melinen | Relater | () 2 2 0 0 0 0 |
| heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) | / | 9 | | |
| ANTECEDENT CAUSES | (B) | nema | | |
| DISEASES OR CONDITIONS, if any, giving | DUE TO | 001 | . 1 | |
| rise to the above cause (A) stating the | ICI At. | nil tibril | lation Dung | alendial |
| UNDERLYING CONDITION last, | esc. | beselve | - | |
| 7 | | | N 17 CW | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | Obstructive | Januadice 9 | | Sta (operate |
| 198. CONDITION FOR WE | TICH OPERATION | 20 A. AUTOPSY? (Yes at N | O) 20B. IF YES, WERE FI | NDINGS CONSIDERED SES OF DEATH? |
| 75-15-66 Obstructive | | No | | |
| OR CONTRIBUTING CAUSE OF home, | form, foctory, street, af | ar about 21 C. WHERE DID injury OCCUR? | III in Solfimore | City, give exact locotion) |
| DEATH Inalify medical examined etc.) | w | lu | | |
| OF INJURY (Month) (Day) (Year) (Hour) 21 E, II | NJURY OCCURRED | 21 F. HOW DID IN | JURY OCCUR? | |
| (APPROX) While | At Work | · · · · | | |
| 22. I certify that-(1) (this hospital) attended the | | | 1966 to 196 | rul 20 10 60 |
| that (T) (we) last saw the deceased alive an | | | | |
| | · | | | ian death accurred an the d |
| and have and from the causes stated above. (# | (We) (did) (dld nat) v | iew the bady after death. | | OOD DATE SIGNED |
| 23A. SIGNATURE | M.D. Atte | nding Med. | Stoff | 23B. DATE SIGNED |
| hady face | Phys | Director L | Phys. | 5-14-66 |
| 23C. PHYSICIAN'S NAME (Type) | | 3D. ADDRESS | | |
| KANG FAN | M.D. | UNION MEM | ORIAL HOSP | ITAL |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAN | AE of CEMETERY of CRE | | | , town, ar caunty) (State) |
| Burial 3/28/66. Par | kwood (eme | teru. | Baltimo | re, Md. |
| 25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF | | 25C. FUNERAL DIRECTO | | ADDRESS |
| MAP 25 1988 1 0 . 5 2 5 | Calbou HA | | | Balto. Md. 212. |

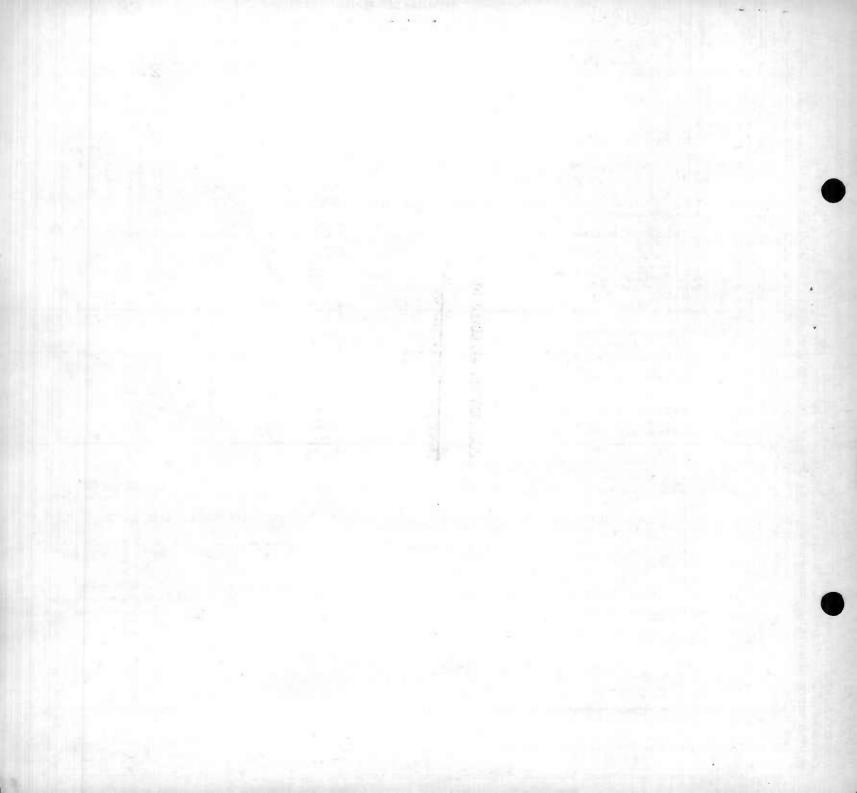
Poles & Talking

Leonard J. Ruck Inc. Balto. Md. 21214

25A. DATE REC'D 8Y

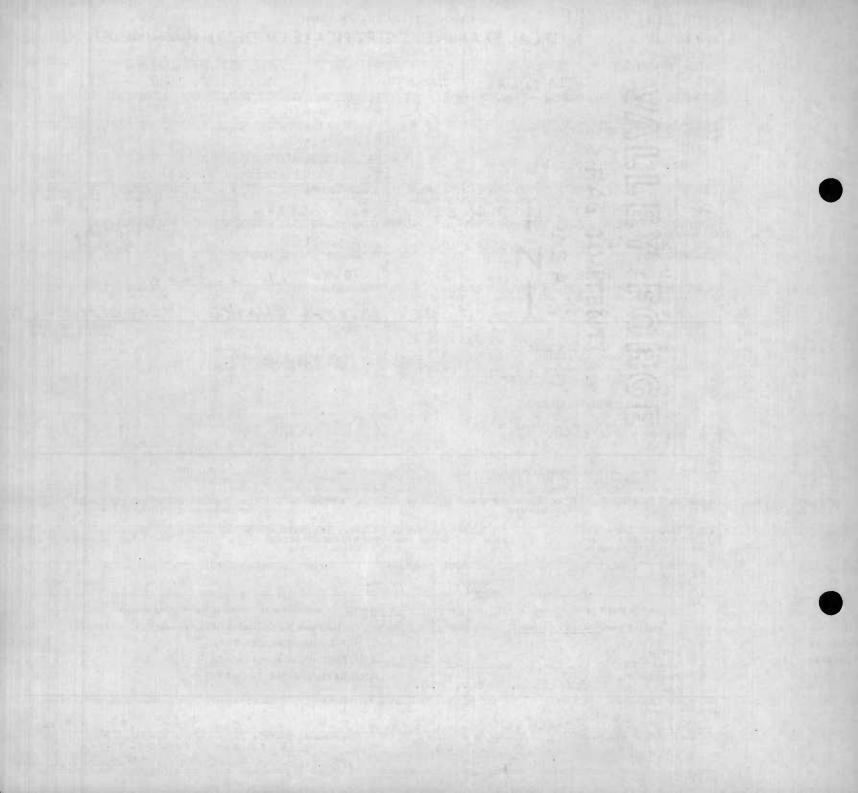
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VS 150-REV. 1/1/65 5 1968 (



VS 151-REV. 1/1/65

| BIRTH NO. MEDIC | CAL EX | AMINER'S C | CERTIFICATE OF DEATH Registered No. |
|--|------------------------------|------------------------|--|
| M.E. CASE NO. | | | |
| 1. NAME OF DECEASED | 4 | 07:4D***00** | 2. DATE AND HOUR PRONOUNCED DEAD |
| LAURA | NEAN | CLARKSON | March 24, 1966 10:20 A |
| 3. PLACE IN BALTIMORE MARYLAND, WH | IERE PRONOUI | NCED DEAD | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITA | OR INSTITU | TION GIVE STREET | Maryland |
| HOSPITAL OR ADDRESS OR LOCAT | ION) | nort, or a street | C. CITY OR TOWN (Il outside corporate limits, write RURAL and give township) |
| | | | Baltimore |
| St. Agnes Hospital | | | D. STREET ADDRESS (If rurol, give locotion) |
| | | | 3209 Stafford Street |
| | | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. |
| Female White | Sin | | FE6 14, 1966 1 |
| IOA. USUAL OCCUPATION (Give kind of work) | | | RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| done during most of working life, even il retired) | at. | NE | Maryland What country? |
| 13. FATHER'S NAME | 10 0 | NE | 14. MOTHER'S MAIDEN NAME |
| Joseph Clarkson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED | EOBCEC2 | 16. SOCIAL | Diane M. GORLON 17. INFORMANT ADDRESS |
| (Yes, no or unknown) (II yes, give wor or dotes | of service) | SECURITY NO. | 17. INFORMANT |
| NO NONE | | NONE | Diane M. Gordon 17. INFORMANT ADDRESS DUSEPH CHARKSON 3209 STAFFORD |
| 18. 4 - 2 x X. | | | E OF DEATH INTERVAL BETWEEN |
| DISEASE OR CONDITION DIR | ECTLY | | ONSET AND DEATH |
| LEADING TO DEATH | | (A) Inter | rstitial Pneumonitis. |
| (This does not mean the mode of heart loilure, asthenia, etc. It means | dying, e.g., the discose, | OUE TO | |
| injury or complication which caused de | eoth.) | | |
| ANTECENDENT CAUSES | | | |
| DISEASES OR CONDITIONS, IF AN | | DUE TO | |
| RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. | ATING THE | | |
| Z | | (C) | |
| OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, COND | | | |
| OTHER SIGNIFICANT CONDITIONS OF | | | |
| DISEASE OR CONDITION CAUSING | IT. | | |
| 19A. DATE OF OPERATION 19B. CONE | | HICH OPERATION | 20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | | | Yes |
| Q 21 A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- | 21 B. P | form, loctory, street, | , in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? |
| UTING CAUSE OF DEATH. | etc.) | | |
| 21D TIME (Month) (Ooy) (Year) | (Hour) 21 | E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| OF INJURY (APPROX.) | w | HILE AT NOT | WHILE |
| 22. | m. W | ORK AT V | WORK U |
| 1 certify that I held on In | quiry | Inspection Au | utopsy 🛛 ond that on this basis, death In my opinion |
| resulted from: Notural cou | ses X A | cident D Suicio | de Homicide Undetermined manner |
| | | | CHIEF MEDICAL EXAMINER |
| ACTUAL (U) | ~ 0 . 1 | Perty M. | DATE SIGNED |
| SIGNATURE 6 | uus s | M. E | |
| EXAMINER'S NAME (Type) Charles | s S. Pet | ty, M.D. | ASSOCIATE MEDICAL EXAMINER |
| 23A. BURIAL CREMATION, 23B. DATE | | NAME OF CEMETERY | or CREMATORY 23D. LOCATION (City, town, or county) (Stote) |
| REMOVAL (Specify) | | | , |
| BURIAL 3-26 | | GLEN H | FAJEN GLEN BURNIE, Md. |
| 24A. DATE REC'D BY HEALTH DEPT. | 24B. NAME | OF REGISTRAR | 24C. FUNERAL DIRECTOR GEO. L. Schwab AUNERAL HONES |
| MAR 25 1955 @ D. | 78,00 | Dough. | 660.200 |

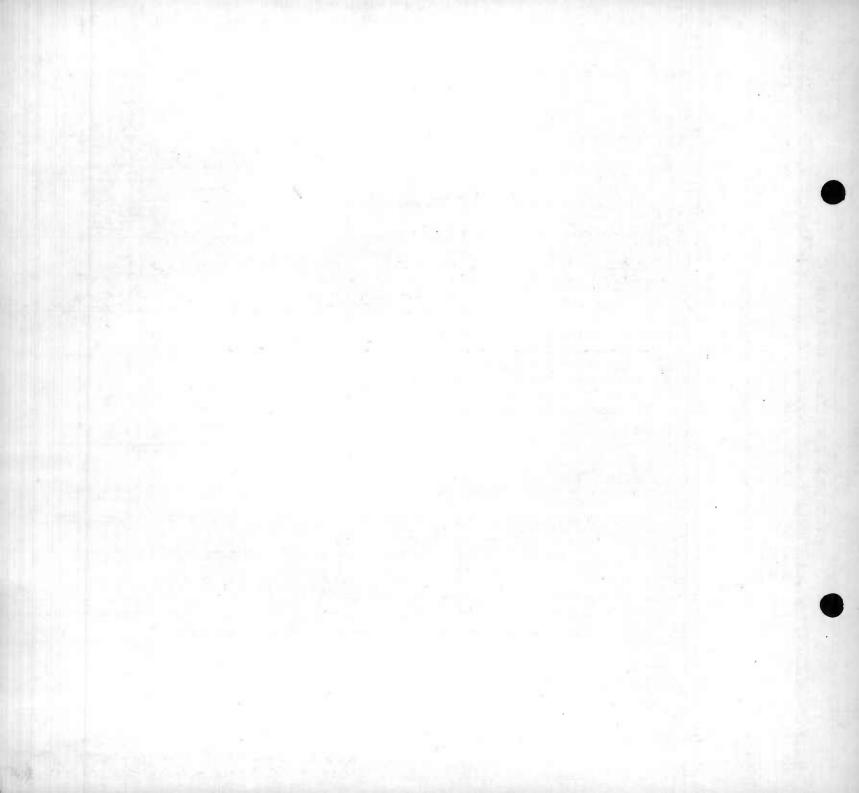


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|----|------|------|----|---|---|
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BALTIMORE CITY HEALTH DEPARTMENT

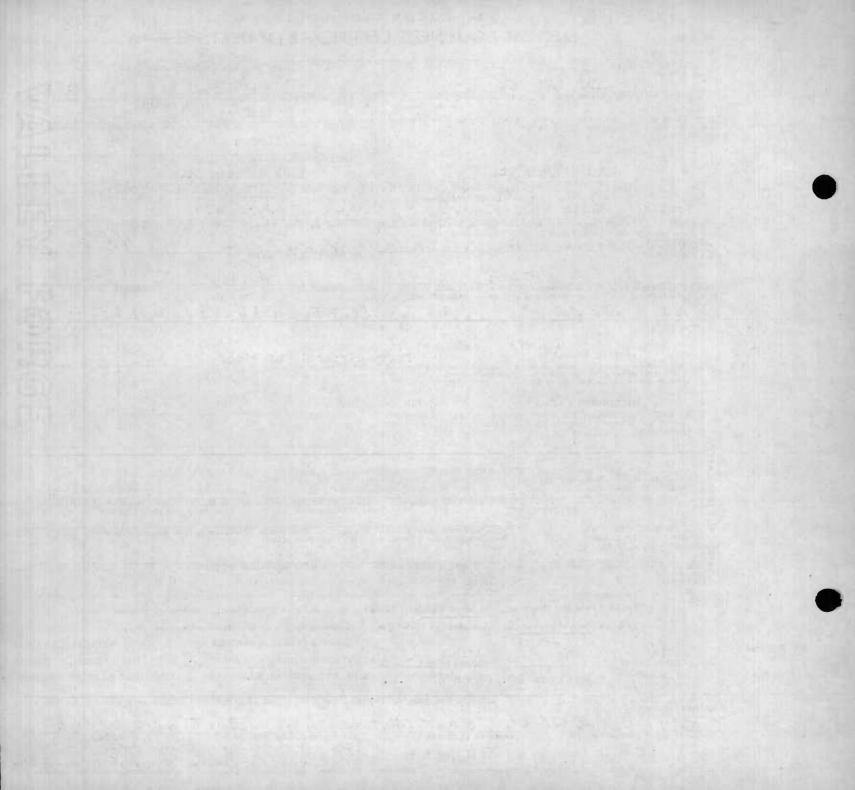
| IIMORE CITT TIENET | II DEI AKIMEITI | | |
|--------------------|-----------------|---------------|----|
| RTIFICATE C | OF DEATH | Registered Na | 11 |

| NAME OF DECEASED DATE L LUNGREN A TIGHT L LUNGREN TAGE OF BEATH IN BARIMORE MARILAND A LUNGREN A LUNGRE | BIRTH NO. | CERTIFICA | TE OF DEATH | Registered Na | 63031 |
|--|---|--|--|----------------------------|---------------------------------------|
| PRACE OF GASH IN BARTHMORE MARITAND FILL SHAME OF HIS IN BARTHMORE MARITAND FILL SHAME OF HIS IN BARTHMORE MARITAND FILL SHAME OF HIS IN BARTHMORE MARITAND FRANKLIN SQ. HOSPITAL SEX GRACE MARITAND SQ. HOSPITAL SEX MARITAND SQ. HOSPITAL SQ. HOSP | M.E. CASE NO. I. NAME OF DECEASED (Type or Pint) | , | 2, DATE AND | HOUR OF DEATH | v 30 |
| FULL NAME OF MODIFIED OF Institution, give street address or location of the modified on institution, give street address or location of the modified on institution, give street address or location of the modified on the mode of the modified on the mode of the modified on the mode of dying, e.g., the modified of the modified on the mode of dying, e.g., the modified on the mode of dying e.g., the modified on the | HAZEL LUNGKEN | | MARCH | 124, 196 | 6 8 - PM M. |
| INSTITUTION FRANKLIN SQ., HOSPITAL SEE IN ACC | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | | A. STATE B. COUNTY | deceosed lived. If institu | tion: residence before admission) |
| DETAILED SQ, HOSPITAL D. STEET ADDRESS STUTON AUE LOAT OF BIRTH TO AGE IN years IN JUNE | HOSPITAL OR oddress or location) | street | C. CITY OR TOWN (If outside | e city limits, write RUR/ | AL and give township) |
| D. STREET ADDRESS S. F. LUT ON AUE. SER. S. B. ACC MARKED NEVER MARRIED S. DATE OF BIRTH S. ACE in years Mouth Under 1 to Hudger 2 to Mouth Under 2 to Mouth Unde | Aug. | , | BALTIMORE | 3 23 | |
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| Samuel B Fugue M.D. Attending Med. Director Phys. D 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. FRANKLIN SQ. HOSPITAL 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) BUNIAL 3-38-64 WESTERN 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DI | and have and from the causes stated above. (1) (1 | We) (did) (dld nat) | view the bady after death. | | |
| 23C. PHYSICIAN'S NAME (Type) SAMUEL B CHABLE M.D. FRANKLIN SQ. HOSPITAL 4A. BURIAL CRMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) BUN 1 AL 3-38-66 WESTERN 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY AS PROPERSS WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT 25 1838 PLANE OF REGISTRAR COUNTY AS PROPERSON WHAT | 23A. SIGNATURE | | | 231 | R DATE SIGNED |
| NAME (Type) SAMUEL B CHABUE M.D. FRANKLIN SQ, HOSPITAL BA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole) BURIAL BALTINGRE, Md SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR COUNTY ABDRESS WESTERN 17 Learning SY, Midley 2 10; Hudinick are | Samuel B. Fugue | M.D. Att | | off ys. | |
| BUPIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole) BUPIAL 3-38-6 WESTERN BALTINGRE, MA SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 45 HUNGRIAL IT ADDRESS MAR 25 1836 Plant 2. 101 Hadrick are | 23C. PHYSICIAN'S NAME (Type) | | | | |
| BUNIAL 3-28-66 WESTERN BALTINGRE, Md SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25 1836 PLANS RIAL It ADDRESS MAR 25 1836 PLANS & SOMEWAND PROBLEM OF REGISTRAR 25 1836 PLANS RIAL IT ADDRESS HAR 25 1836 PLANS & SOMEWAND PROBLEM OF REGISTRAR 25 1836 PLANS RIAL IT ADDRESS HAR 25 1836 PLANS & SOMEWAND PROBLEM OF REGISTRAR 25 1836 PLANS RIAL IT ADDRESS HAR 25 1836 PLANS & SOMEWAND PROBLEM OF REGISTRAR 25 1836 PLANS RIAL IT ADDRESS HAR 25 1836 PLANS & SOMEWAND PROBLEM OF REGISTRAR 25 1836 PLANS RIAL IT ADDRESS HAR 25 1836 PLANS RIAL IT ADDRESS | SAMUEL B CLIAB | UE M.D. | FRANKLIN S | P. HOSPITA | L |
| BUNIAL 3-38-66 WESTERN BALTINGRE, Md 5a. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 45 HUNG A14L It ADDRESS MAR 25 1808 Plant & Sample 2101 Hudinek are | 24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify) | E of CEMETERY of CR | | ATION (City, t | own, ar county) (Stole) |
| MITTER 60 500 (Level Co desired in 17 herrors W. Maller 2 10; Historica dire | -D | I = CT = PA | 1 34 | LTIMORE | Md |
| Mrs. 60 500 (Lee Co deline of the Marie 210; Friding dire | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF I | REGISTRAR | 25C. FUNERAL DIRECTOR | ch HUNE OR | 1 1+ ADDRESS |
| | MAR 25 1986 (R.D. A E. Jak | y full | 17 remain W. m. | Mes 2 10; 12 | rederick are |
| 10V-ng v ₆ 17 77 00 | VS 150-REV, 1/1/65 | | 0 1 0 7. | | |



| 5 | | 1 | 1 | Q. |
|---|--------|---|---|----|
|) | ****** | 0 | 5 | 0 |

| BIRTH NO. MEDICAL EXAMINER 3 CERTIFICA | TE OF DEATH Registered No. | | | | |
|---|--|--|--|--|--|
| M.E. CASE NO. | | | | | |
| 1. NAME OF DECEASED (Type or Print) | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| CLYDIE MAE SMITH | March 24, 1966 3:50 Pm. | | | | |
| A. STATE | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) | | | | |
| FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR TO | C. CITY OR TOWN (If outside corporate limits, write RURAL give township) Baltimore | | | | |
| D. STREET ADD | D. STREET ADDRESS (If rurol, give locotion) 1803 Wilhelm St. | | | | |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIR | TH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Lost birthdoy) Months, Doys, Hours, Min. | | | | |
| Female White MARIEL MAY | 5. 1915 50 | | | | |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE done during most of working life, even if refired) | (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | |
| ASST. SUPERVISOR HOSPITAL VI | MAIDEN NAME | | | | |
| 7 Antro | a. V. court | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT | Suith 1803 WIL he Lay St. | | | | |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | · Cuitl 1803 Wil holes St | | | | |
| NO NONE SCOTT | INTERVAL BETWEEN | | | | |
| 98/14 | ONSET AND DEATH | | | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fatty cirrhos | sis of liver | | | | |
| (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) | | | | | |
| | | | | | |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | *************************************** | | | | |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | | | |
| | | | | | |
| | | | | | |
| OF COMMITTIES OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198, Condition for which Operation 204. Autops | | | | | |
| WAS PERFORMED | Y? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | |
| Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. | WHERE DID (If in Boltimore City, give exact location) RY OCCUR? | | | | |
| 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. F | HOW DID INJURY OCCUR? | | | | |
| OF INJURY (APPROX.) WHILE AT NOT WHILE AT NOT WHILE AT WORK | | | | | |
| 22. I certify that I held an Inquiry Inspection X Autopsy or | nd that on this bosis, death in my opinian | | | | |
| | cide Undetermined manner | | | | |
| | MEDICAL EXAMINER | | | | |
| ACTUAL XIDA IA ASSISTANT | MEDICAL EXAMINER | | | | |
| STOTIAL OILE | MEDICAL EXAMINER 3-25-66 | | | | |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY | 23D. LOCATION (City, town, or county) (Stote) | | | | |
| REMOVAL (Specify) | DAT WILL | | | | |
| | RAL DIRECTOR ADDRESS | | | | |
| 650 | .L. SChwab HUNERAL HOITE | | | | |
| man 20 1808 0 2 4 8, 50 mm Hras | news W. Meller 2101 Hedwick an | | | | |

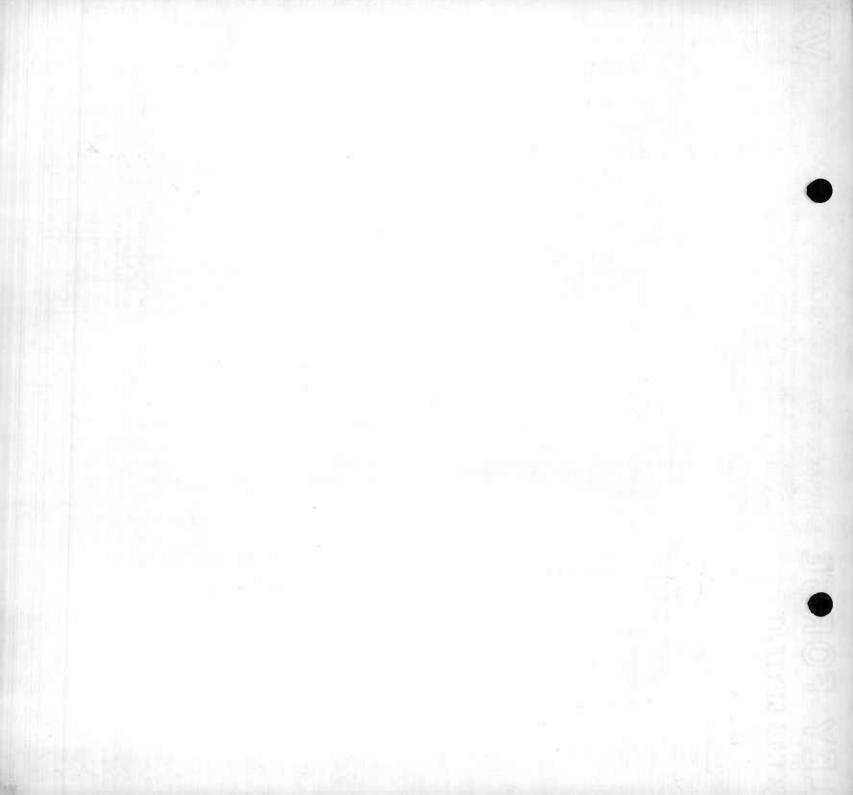


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a hospital and

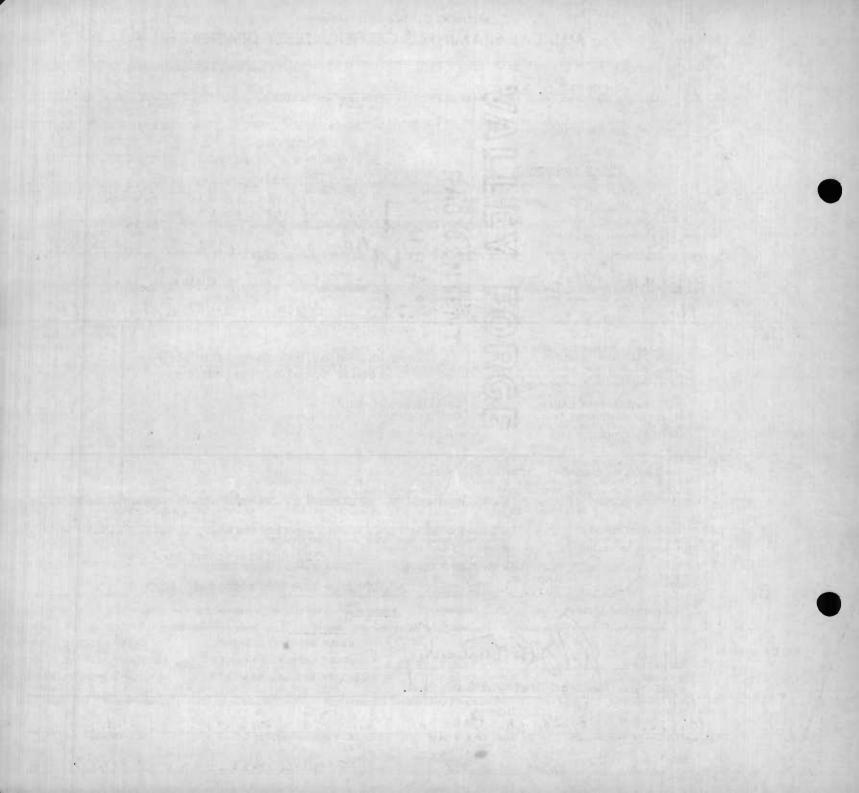
| | | (3 (1))) | BALT | IMORE CITY HE | ALTH DEPAR | TMENT | | | 1000 | |
|---------|--|--|-----------------------|------------------------------|--------------------|---------------|-------------------------------|----------------|-------------------|-------------------|
| BIRTH I | | 3033 | CER | RTIFICATI | E OF DE | ATH | Registered No. | <u> 5. 11.</u> | 3033 | |
| 1. NAM | ASE ND. | | 6 | | | 2. DATE AND | HOUR OF DEATH | 1 ; | | |
| (Type o | or Print) | - MOVY | ran G | Reade | r | | 3/25 | 100 | 1 /2 | 4 DAN |
| 3. PLA | CE DE DEATH IN BALTIA | ORE MARYLAND | 00. | 4. | USUAL RESID | ENCE (Where | deceosed lived. | in stitution: | residence before | admission) |
| Fills | MANE OF MANAGE | . A - smiant on impairs. | | | | | | 7 | 1-29 | |
| HDS | PITAL OR oddress | n haspitol or institut ar tacotion) | ion, give street | C | CITY OR TOW | VN/ III outsi | de city limits, write | RURAL | nd give township |) |
| INSI | TITUTION | | | | - Company | | 10 12 | | | |
| 11. | ion Memo | -17/ L | lash | D. | STREET ADDE | | rol, give lacation) | 4 | | |
| Un | lo k Wiewo | / | 100% | | 1350 | Cro | fton | Rol | | |
| . SEX | 6. RACE | 7. MARI | RIED, NEVER MA | 11 11 1 | DATE OF BIRTH | | AGE (In years st birthday) | If Und | ler 1 Yr. 11 Un | der 24 Hrs. |
| | FW | WIDE | Pen Cil | Carlespectry | 2-17- | 1900 | 66 | Mannis | Day's Haurs | win, |
| | UAL OCCUPATION (Give | | OF BUSINESS | | BIRTHPLACE (| | | 12. CI | TIZEN DE | |
| one du | ring most of working life, ever | if retired) | tired | | Den | 1 | | | | |
| | USICIAN HERS NAME | Le | wied | 14. | MOTHER'S M | AIDEN NAM | 7717 | | US.A. | |
| 1 | 1 | D. 0 | | | 1 description (II) | | | <i>(</i> | | |
| | rank | Keado | r | | Jen | 714 | Nes bil | - A_ | | |
| | arunknawn) III yes, give | | 1 6. SOCIAL SECURI | TY NO. | INFORMANT | 1/7 | Sister | 1 | ADDRESS | |
| | | | 212-32- | -1610 M | ro lax | lH, M | gevers | (> | Same_ | _ / |
| 18. | 229 YI | | | CAUSE OF D | EATH | | | | INTERVAL BET | |
| | DISEASE OF COND | | | | | | , , , | | DNSET AND | EAIH |
| /=1 | LEADING TO | | | (A) | Parat | hyroid | Adenos | na | 4 w/c. | 5 |
| | nis does not mean the art failure, asthenio, etc. | | | DUE TO | | / | | | | |
| ini | ury ar camplication which | ch caused death.) | | - | Bring | en pre | were m | a | right & | ung |
| | ANTECEDENT | CAUSES | | DUE TO | Diparton | | -1 | | 10 100 | |
| | SEASES OR CONDITIO | | | Exce | sim | of par | uene mi atlyrog 3/17/6 | of ore | acerm. | 1 |
| | e to the above co NDERLYING CONDITION | | the | (C) | ula | | 3/17/6 | 6 | | 04000000000000000 |
| - | 11 | | | - 7 | | | / / | | | |
| | THER SIGNIFICANT CONT | | | Tester | | | | | | |
| = 11 | D THE DEATH BUT I | NOT RELATED TO | THE | | | | | | | |
| | DATE DE OPERATION | 198. CONDITION F | DR WHICH OPE | RATION | 20 A. AUTOPSY | ? IYes or No! | 208. IF YES, WERE | FINDING | S CONSIDERED | |
| EB. | 3/17/66 | parathe | and to | inel | Mr | | 1 CERTIFIE S | AUSES OF | DEATH | |
| U 21 / | CONTRIBUTING CAU | ERLYING . | 21B. PLACE DF | INJURY leage, in ar | about 21 C. WH | IERE DID | III in Baltima | re City, gi | ve exoct lacotian | 1) |
| DE. | ATH (notily medical exami | n er) | etc.) | .,, | | | | | | |
| 210 | O-TIME Month) (Do | y) (Year) 1Haur) | 21E. INJURY DO | CURRED | 21 F. HO | W DID INJU | RY DCCUR? | | | |
| > | INJURY PPROX.) | | While AI | Not While | | | | | | |
| 22 | 1 | 1 1 1 1 | | At Wark | 2/2- | | | - | 1-1- | - // |
| | I certify that (I) (this | | | d from | | | | | / | 9 66 |
| | at (I) (we) last saw the | | | 3/25 | | | in(my) (aur) ap | Inian de | ath accurred a | n the date |
| | d haur and from the ca | uses stated abov | e. (I) (₩e) (did |) (did not) viev | the bady of | ter death. | | | | |
| 23A | SIGNATURE | | | | | | | 23 B. DA | TE SIGNED | |
| | Throlo | on It | esole | M.D. Attendi | ng M | rector P | tall hys. | 3 | 125/6 | 6 |
| 230 | NAME (Type) PAU | L HUDSÓN | FESCHE | 23 D | ADDRESS | | 400 144 114 | 70017 | - 4.1 | |
| | Hadron | resc | he | M.D. | UN | IUN MEI | MORIAL HO | JSPII | AL | |
| AA. BI | | | C. NAME OI CEN | NETERY OF CREMA | TDRY | 24D. LO | CATION 10 | ity, town, | ar county) | 1State) |
| → RI | EMOVAL (Specily) | 126/16 | 1 | - (AL/0 | | 1 | 19000 | 2 | nul | |
| 250 0 | malion / | 700 K | ALOR PROJET | 16 ACC | TENGEL | DIRECTOR | | 0. | ADDRESS | Mis |
| . JA. D | MAR 20 1800 | 0 200 | ME DA REGISTILA | | 25C. FUNERAL | DIRECTOR | 10 | 51 | ADDRESS | 11 |
| | | | | | Wet | 44/1 | J4101 | San | nougo | 20 |

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M-635

| | ERTIFICATE OF DEATH Registered No. | | | | |
|---|---|--|--|--|--|
| M.E. CASE NO. 1. NAME OF DECEASED | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| (Type or Print) | | | | | |
| CORDIE D. MARTIN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | March 23, 1966 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY B. COUNTY | | | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION | Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | | |
| | Baltimore D. STREET ADDRESS (If rurol, give locotion) | | | | |
| SINAI HOSPITAL | 3527 Reisterstown Road | | | | |
| 5. SEX Female Regro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) | 8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs Months, Doys Hours Min. | | | | |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) | Roanake Ald WHAT COUNTRY? | | | | |
| William Rosser | Cordie Freeman | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or doles of service) No. 2711-12-6616 | Emil Martin 617 Radnor Ay | | | | |
| TB. CAUSE | OF DEATH INTERVAL BETWEEN ONSET AND DEATH | | | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Inter | nal injuries and peritonitis | | | | |
| | unshot wound of the abdomen | | | | |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ZOUTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTEFING CAUSES OF DEATH? | | | | |
| ZIA, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in Juny 1988) In Juny 1988 (e.g., in Juny 1988) In Juny | in or obout 21C. WHERE DID (If in Boltimore City, give exact location) | | | | |
| UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH. | 3527 Reisterstown Road | | | | |
| 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | | | | |
| (APPROX.) 3-20-66 8:15 Pm. WHILE AT AT W | WHILE X Shot in abdomen section | | | | |
| 22. I certify that I held on Inquiry Inspection Aut | opsy X and that on this bosis, deoth in my opinion | | | | |
| resulted from: Notural couses Accident Suicide | e Homicide X Undetermined monner | | | | |
| ACTUAL MACTURE | CHIEF MEDICAL EXAMINER DATE SIGNED | | | | |
| SIGNATURE M.D. | ASSISTANT MEDICAL EXAMINER | | | | |
| EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. | ASSOCIATE MEDICAL EXAMINER 3-23-66 | | | | |
| 23A. BURIAL CREMATION, 238. DATE 23C. NAME OF CEMETERY O | PRIM COM AFBUTUS Nd | | | | |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS | | | | |
| MAR 28 1956 A Sup E. Fallyna | Joseph L. Russ 2222 W. North Py | | | | |
| VS 151-REV. 1/1/65 N 8 7 9 4 | | | | | |



VS 150-REV. 1/1/65

BARRALINES AND SERVICE CONTRACTOR SERVICES AND SERVICES

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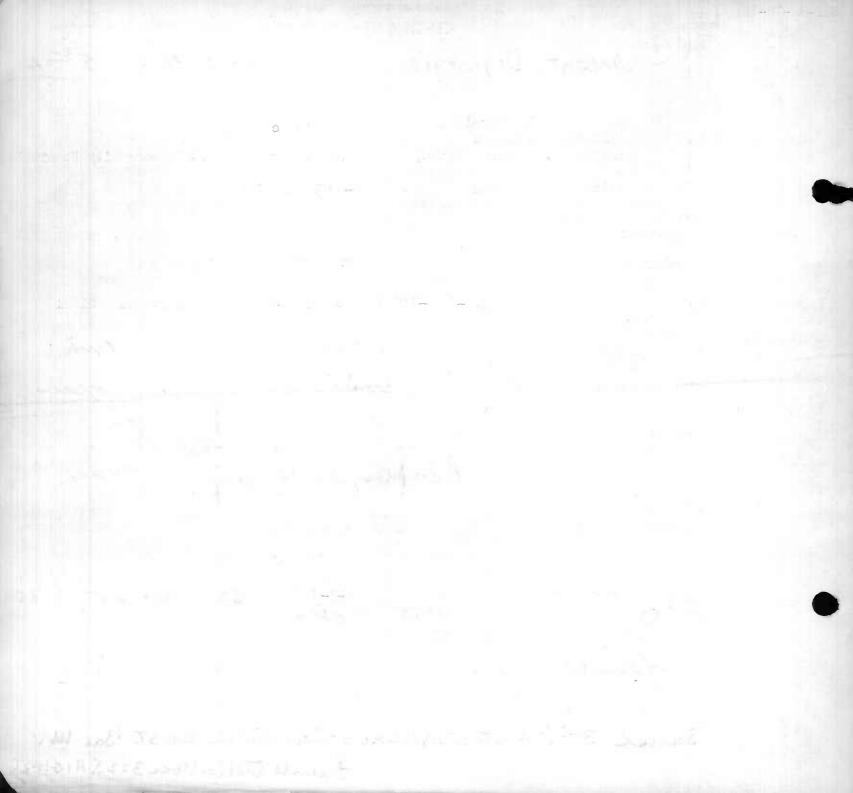
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| 15 | | C | - | 7 | |

| 66 (1305) | | AMINER'S CI | ERTIFICATE OF | DEATH Registe | 6h.113037 |
|--|--|--|--|--|--|
| M.E. CASE NO. | | | | | |
| 1. NAME OF DECEASED | | | 2. DATE AN | D HOUR PRONOUNCE | ED DEAD |
| JOHN | W. ROSE | | Mar | ch 23, 1966 | 2:15 PM. |
| | HOSPITAL OR INSTITU | ENDED | A. STATE Maryland C. CITY OR TOWN (If outside | deceosed lived. If insti B. COU An | ne Arundel |
| HOSPITAL OR ADDRESS | OR LOCATION) | 4-11-66 | | | NO KAZE ONE GIVE TOWNSHIP |
| CHURCH HO | ME HOSPITAL - | - DOA | 30% Wash: | ington Ave. | |
| 5. SEX 6. RACE White | WIDO WED, I | NEVER MARRIED DIVORCED (specify) ried | 8. DATE OF BIRTH May 3 1926 | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. |
| HOA. USUAL OCCUPATION (Give | | BUSINESS OR INDUSTRY | | | 12. CITIZEN OF |
| done during most of working life, ever Truck Drives 13. FATHER'S NAME | Md . Ca | rpet Co. | Baltimore Md | | U.S.A. |
| | | | | | |
| William F. Ros | e | 16. SO CIAL | JuliaWeiglei | Ω | ADDRESS |
| (Yes, no or unknown) (If yes, give | | SECURITY NO. | | | |
| no | | 219-10-584 | | Wife 1300 | |
| 18. | | CAUSE | OF DEATH | | ONSET AND DEATH |
| DISEASE OR COND | | | | | |
| (This does not meon the heart failure, asthenia, etc. injury or complication which | mode of dying, e.g., It means the disease. | (A) Arte | riosclerotic can | rdiovascular | disease |
| ANTECENDEN | T CAUSES | | | | |
| DISEASES OR CONDITION | JSE (A) STATING THE | DUE TO | | | |
| UNDERLYING CONDITION | IN LASI. | (C) | | | |
| 11 | | | | | |
| OTHER SIGNIFICANT COL TO THE DEATH BUT DISEASE OR CONDITION | NOT RELATED TO T | | | d | |
| 19A. DATE OF OPERATION | 19B. CONDITION FOR | WHICH OPERATION | 20A. AUTOPSY? (Yes or No) | | |
| . 00 | WAS FERFORMED | | Yes | Yes | SES OF DEATH! |
| 21A, EXTERNAL CAUSE WA UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH | home | PLACE OF INJURY (e.g., i larm, loctory, street, o | n or about 21C. WHERE DID lfice bldg., INJURY OCCUR? | (II in Boltimore City, giv | ve exact location) |
| 21 D TIME (Month) (D | oy) (Year) (Hour) 2 | TE. INJURY OCCURRED | 21 F. HOW DID INJ | URY OCCUR? | |
| (APPROX.) | | VHILE AT NOT YORK AT W | WHILE ORK | | |
| 22. I certify that I he | ld an Inquiry 🗌 | Inspection Aut | opsy X ond that an th | is basis, deoth in m | y apinion |
| resulted fram: No | Mural causes X | ccident Suicide | Homicide 🗌 | Undetermined monne | er 🗌 |
| ACTUAL SIGNATURE | Multi | July " | CHIEF MEDICAL EX | | DATE SIGNED |
| FYAMINER'S | udiger Breite | | ASSOCIATE MEDICAL E | | 3-23-66 |
| | | c. NAME of CEMETERY o | | O Belair R | town, or county) (Stote) Rd. Balt .Md |
| 24A. DATE REC'D BY HEALTH D | DEPT. 24B. NAME | OF REGISTRAR | 24 JUNERAL DIRECTOR | | ADDRESS |
| MAR 2.2 1050 | 00103 | Caller MA | 100,107 | 5000 ND00 | 322 S.High |
| VS 151-REV. 1/1/65 | The state of the s | C. C | - Junie | Text No | E D |

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BALTIMORE CITY HEALTH DEPARTMENT

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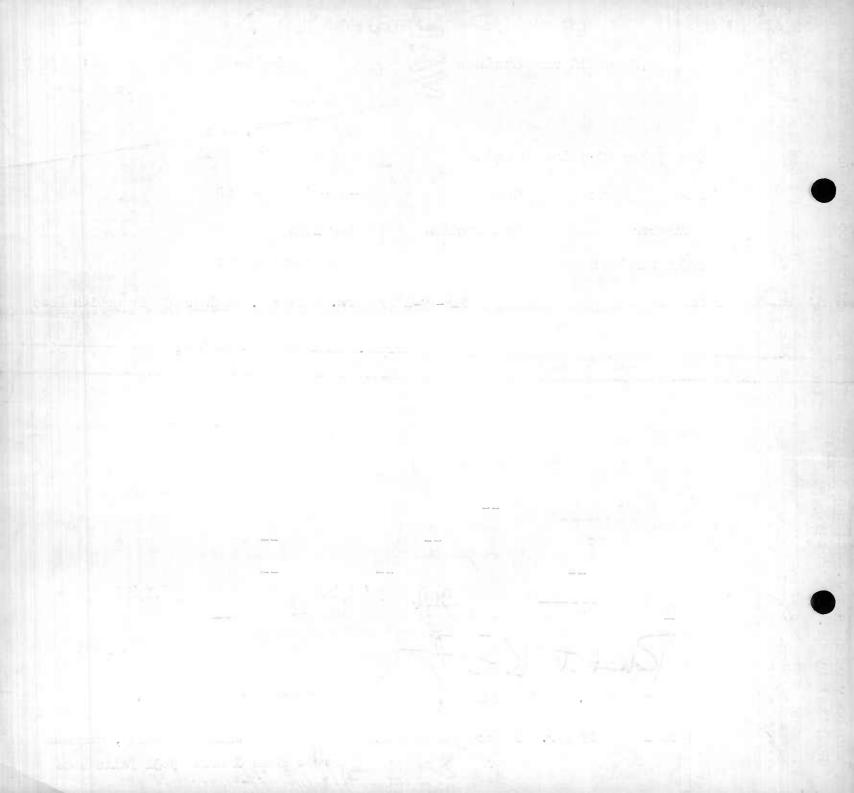
IMPORTANT

DIRECTOR:

FUNERAL

minness M. Sen L Hose STE W. PERSON S. 3/6/80 81 P NEED Widow M. ARHLAND Join W. McKar Commanue L.O. OLION, AB - NIL S 1 2/m/E Form D. Ohn Louis O. Ousen M. B. GER'L How.

BALTIMORE CITY HEALTH DEPARTMENT



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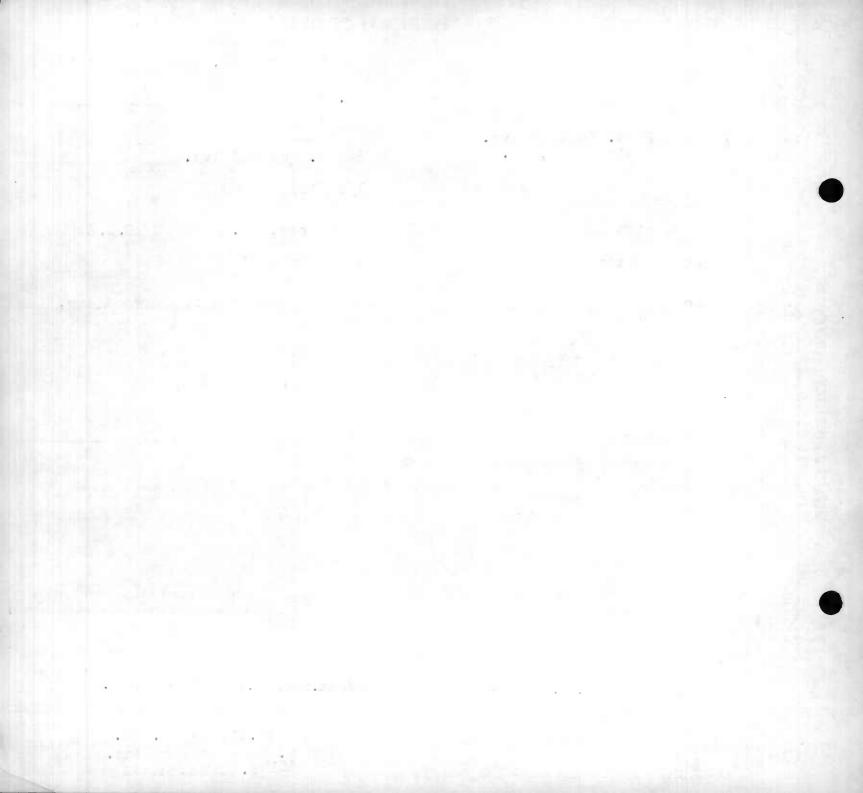
| | | 66 | 03042 | | BALTIMORE CITY | HEALTH DEPAR | RTMENT | | CC 119 | 049 | |
|-------|--|-----------------------------------|-----------------------------------|-------------------------------|--|----------------------------|----------------------------|--|--------------------|--|-------------|
| | H NO. | 00 | COUNT | | CERTIFICA | TE OF DE | ATH | Registered N | 20 09 | UHC | |
| | CASE NO. | D | | | | | 2. DATE AND | D HOUR OF DEA | ТН | | |
| | e or Print) | | ANOR RU | STNEE | | 1000 | | 25, 196 | | 11.50 | DM |
| 3. PI | LACE OF DEATH | | | | | 4. USUAL RESID | ENCE (Where | deceased lived. I | f institution; res | idence before odmi | ission) |
| H | ULL NAME OF OSPITAL OR ISTITUTION | (If not is oddress | n hospitol or ins or location) | titution, give : | street | Md. c. city or too Baltime | VN (If outs | side city limits, wri | te RURAL ond | give township) | |
| 0 | 824 | S. Ke | enwood | Ave. | | D. STREET ADDI | | ural, give location) | | | |
| | | | 9 24, M | | | 824 S. | Kanwo | od Ave. | | | |
| 5. SI | EX 6. R. | ACE | | ARRIED, NEV | | B. DATE OF BIRT | H 9 | AGE (In years | If Under | 1 Yr. If Under 2 | 4 Hrs. |
| | F | W | | arried | VORCED (specify) | 1/10/19 | 916 | ost birthdoy) 50 | Months D | Days Hours A | Min. |
| | | | | KIND OF BUS | INESS OR INDUSTRY | 11. BIRTHPLACE | (State or foreig | gn country) | 12. CITIZE | N OF T COUNTRY? | |
| | during most of working Housewif | | ir retired) | | | Baltim | omo M | a | | S.A | |
| | ATHER'S NAME | 9 | | | | 14. MOTHER'S M | ALDEN NAM | A E | Ue | DAR | |
| | John Wol | ter | | | | Anna U | rhansk | 1 | | | |
| 15. V | Vas Deceased Ever | in U. S. | Armed Forces? | | SOCIAL | 17. INFORMANT | | | | ADDRESS | |
| | na arunknown) (If) | res, give v | wor or dates or : | service) | SECURITY NO. | Tomas D | na in alz | 004 9 | Vanwaa | A A == 0 | |
| - | NO | / 1 | | | CAUSE O | | na Tulak | 824 S. | | TERVAL BETWEEN | N |
| | | DING TO nean the enia, etc. | mode of dyin | g, e.g., disease, | (A) Me | tas fa | tie a | Pascin | ense | NSET AND DEAT | 1447777044F |
| | | | CAUSES | 11.7 | (B) 1 | many | Cure | 011 | | ********* | |
| | DISEASES OR | | | aiviaa | DUE TO | 1 | | - | | | |
| | rise to the a | bove ca | use (A) stoti | | (0) | rest | 200 0 000000 000000 000000 | 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | 40.5555600000000000000000000000000000000 | |
| ATION | OTHER SIGNIFICA TO THE DEAT DISEASE OR CON | H BUT I | NOT RELATED | RIBUTING TO THE | i i i | | -y-11 | | | | |
| | 19A. DATE OF OPI | | 198. CONDITIO | N FOR WHICED | H OPERATION | 20 A. AUTOPS | (Yes or No) | 208, IF YES, WE IN CERTIFYING | RE FINDINGS OF D | CONSIDERED EATH? | |
| | 21 A. ACCIDENT V OR CONTRIBUTION DEATH (notify med | G CAU | SE OF | 218, PLA home, fo etc.) | CE OF INJURY (e.g., i irm, foctory, street, o | of obout 21 C. WI | HERE DID OCCUR? | (If in Boltin | more City, give | exact location) | |
| | 21 D. TIME (M. OF INJURY (APPROX.) | onth) (Do | y) (Yeor) (Ho | While A Work | T Not Whi At Work | le | JENI DID W | JRY OCCUR? | | | |
| | 22. I certify that | (1) (this | haspital) att | ended the d | eceased fram | | 1 | 9ta | | 19 | V-4-0-4-0-1 |
| | that (I) (we) las | t_saw the | deceased al | ve an | | 19 | | at in(my) (aur) | | | |
| | and hour and fro | m the ca | uses stated a | bave. (1) (W | e) (did) (did nat) | view the bady at | fter death. | | | | |
| | 23A. SIGNATURE | 1 | 10 | 1 | / MAD AII | ending M | led. | Stoff | 238 DATE | ch 26, 19 | 166 |
| | 23C. PHYSICIAN'S NAME (Type) | Dr | F. For | d Loker | Phy | 23D ADDRESS | | ., Baltimo | ore 2, Me | d. | |
| | | | | | /VI. D. | | | | | | |
| 24A | REMOVAL (Speci | | DATE | 24C. NAME | of CEMETERY of CR | EMATORY | 24D. LC | CATION | (City, town, or | county) (S | itote) |

3/30/66 Holy Rosary Cemetery Baltimore
DEPT. 258 NAME OF REGISTRAR 250 John M. Webber & 401 S. Ches

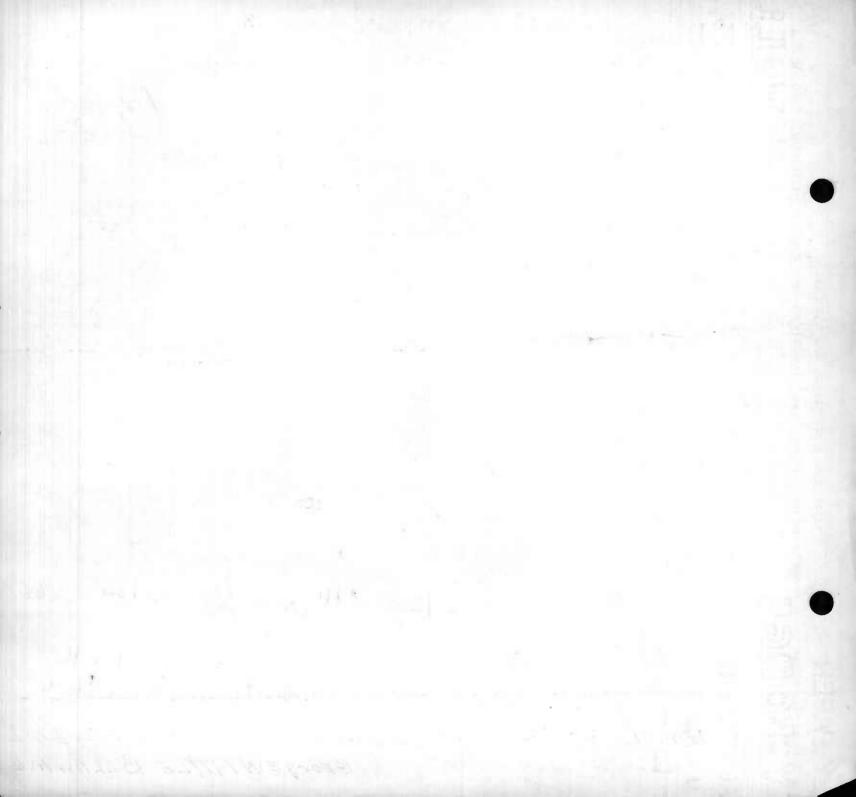
ADDRESS Sons Inc. St

VS 150-REV. 1/1/65

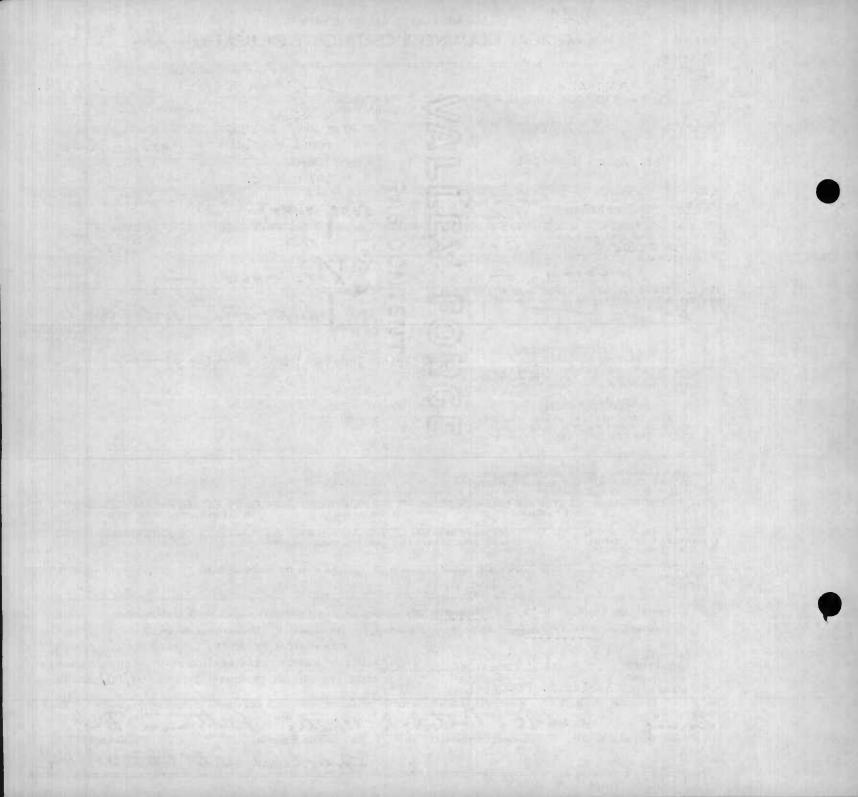
Chester



| | RTH NO. 66 03043 CERTIFIC | CATE OF DEATH Registered No. 6 3 1 4 3 |
|----------|---|--|
| 1, | NAME OF DECEASED | 2 DATE AND HOUR OF DEATH |
| | ype of Print) WHITE, LEWIS AUGUSTI | 15 3/20/66 10:45 |
| 3. | PLACE OF DEATH IN BALTIMORE, MARYLAND | 4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admit A. STATE B. COUNTY |
| | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) | C. CITY OR TOWN (If outside city limits, write RORAL ong give fownship) |
| - | WOULESTA LASSILAS | BEL AIR |
| W | | D. STREET ADDRESS (If rural, give location) |
| <u> </u> | BALTIMORE I, MARYLAND | 117 D. BOND STREET |
| 100 | SEX 6. RACE NEGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED | 1134/41 14 |
| 10 | IA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRING MOST OF WERKLY | WHAT COUNTRY? |
| | RETIRED EDGEWOOD ARSEN | HARY LAND USA |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| L | GEORGE WHITE | IDA SEDWICK |
| 15 (Y | was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS |
| | | DOSPITAL CHART UNIVERSITY HOS |
| | | E OF DEATH INTERVAL BETWEE ONSET AND DEA' |
| | | RTERIOSCHERUTIC - |
| | (This does not meon the mode of dying, e.g., DUE TO | 308801 TRASH SALUDEAU PRAMORO |
| | heart foilure, asthenio, etc. It means the disease, | |
| | injury or complication which coused death.) | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON. |
| | ANTECEDENT CAUSES (B) DUE TO | ************************************** |
| | DISEASES OR CONDITIONS, if ony, giving | |
| | rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost, | |
| | ll . | |
| ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| ATI | DISEASE OR CONDITION CAUSING IT. | |
| Otal. | 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY2 (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| CENTIERC | 21A ACCIDENT WAS HINDERLYING TO 21B BLACE OF INVINO | |
| 14 | OR CONTRIBUTING CAUSE OF | .g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) t, office bldg., INJURY OCCUR? |
| L C | | |
| AED | 21D. TIME (Month) (Doy) (Yeor) (Haur) 21E, INJURY OCCURRED While At Not | 21F. HOW DID INJURY OCCUR? |
| * | (APPROX.) While At Work Not Y | While |
| | 22. I certify that (1) (this hospital) attended the deceases from | 3 10 19 60 to 3 10 19 |
| | that ((1))(we) last saw the deceased alive an 3 20 | 19 60 and that i (my) (our) opinian death accurred on t |
| | and haur and fram the causes stated above (1) (We) (did) (dld no | |
| | 23A. SIGNATURE | 23B, DATE SIGNED A |
| | (preliest & Hans, MY), M.O. | Attending Med. Stoff 3 20 166 |
| | 23C. PHYSICIAN'S | Phys. Director Phys 2 |
| | 23C. PHYSICIAN'S NAME (Type) | 10. University tospital Balto, Mi |
| 24 | Robert E. Stoner, IA. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY of | |
| 24 | REMOVAL (Specify) | |
| | Burial 3-25-12 Mount CA | 25C. FUNERAL DIRECTOR ADDRESS GEORGEWTITLE BELANT |
| 25 | SA, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAL | 25C. FUNERAL DIRECTOR ADDRESS |
| | WHILL BE IRED OFFICE OF STREET | GEORGEWIIILE DELAIN |
| | \$ 150-REV. 1/1/65 | |



| BIRTH NO. | MEDI | CAL EX | CAMINER'S C | ERTIFICA | TE OF I | DEATH Registe | red No. |
|--|--|--------------|--|----------------|--|---|---|
| M.E. CASE NO. | | | | | The state of | | |
| 1. NAME OF DEC | CEASED | | | | | HOUR PRONOUNCE | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | JOHN 4. CRO | THERS | | | 19 Ma | rch 1966 | 11:10 a. _{M.} |
| | IMORE, MARYLAND, W | | | A. STATE | ryland | deceosed lived. If insti B, COU | itution: residence before odmission) |
| FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOCA | | ITION, GIVE STREET | C. CITY OR TO | OWN (II outside | | RURAL and give township) |
| VA St | . Agnes Hospi | tal | | | DRESS (If rurol, | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| 50 | · Agrico neopi | . Cal | | | | | |
| 5. SEX | 6. RACE | 7 AAADDIED | NEVER MARRIED | B. DATE OF BIL | 7 Oak Ct | 9. AGE (In yeors | II Under 1 Yr, II Under 24 Hrs. |
| male | caucasian | | DIVORCED (specify) | | 10,1909 | lost bighdoy) | Months Doys Hours Min. |
| | UPATION (Give kind of work | TOB. KIND OF | BUSINESS OR INDUSTR | 11. BIRTHPLAC | E (State or foreig | n country) | 12. CITIZEN OF WHAT COUNTRY? |
| | working life, even if retired) | B.+ | O. R.R. | | MD. | | V. S.A. |
| 13. FATHER'S NAM | | | 100 | 14. MOTHER'S | MAIDEN NAMI | | |
| | WILLIAM | | | Re | SE MA | DIE | |
| 15. WAS DECEASE | D EVER IN U.S. ARMED | FORCES? | 16. SO CIAL | 17. INFORMAN | Τ | N 12 | ADDRESS |
| (Yes, no or unknown | (If yes, give wor or dote | | SECURITY NO. | | | | |
| No | | | | Mrs. Ja | for L. S | relters - 40 | Jook Court |
| 18. 4 7 | 0 1 . | | CAUSE | OF DEATH | | | INTERVAL BETWEEN |
| DISEAS | CT OR CONDITION DI | OF CTI V | | | | | CHISEL WARD DEVIL |
| DISEA | SE OR CONDITION DI | KECILY | Arterio | scleroti | c cardio | vascular di | sease |
| (This does | not meen the mode of | dying, e.g., | DUE TO | DCICIOCI | ······································ | | |
| injury or con | , osthenio, etc. It meons mplication which caused | deoth.) | | | | | |
| | | | | | | | |
| | ANTECENDENT CAUSE | | (8) | | | | |
| | OR CONDITIONS, IF A E ABOVE CAUSE (A) ST | | DUE TO | | | | |
| UNDERLYIN | NG CONDITION LAST. | | (6) | | | | |
| ŏ | | | (C) | | | *************************************** | |
| O THE | II NIFICANT CONDITIONS DEATH BUT NOT REI | ATED TO T | | | | | |
| E DISCASE O | R CONDITION CAUSING | | | | | 000 le ves ures en | NAME OF THE PARTY |
| O DATE OF | OPERATION 198, CON | | WHICH OPERATION | no | SY? (Yes or No) | IN CERTIFYING CAU | NDINGS CONSIDERED SES OF DEATH? |
| UNDERLYING CAU | L CAUSE WAS OR CONTRIB- SE OF DEATH. | | PLACE OF INJURY (e.g., form, loctory, street, | | | If in Boltimore City, gi | ve exoct locotion) |
| 21D TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeor | V | HILE AT NOT AT W | WHILE | TINI DID WOH | IRY OCCUR? | |
| 22. | tify that I held on I | | Inspection XX Au | | nd that on thi | s bosis, death in m | ny opinion |
| resul | ted from: Notural con | uses XV A | coldent Suicid | e Homl | cide U | Indotermined monne | er |
| | 0 / | A.A. | | | MEDICAL EX | | |
| ACTUA | | ules 5 / | eus M.D | ASSISTANT | | | DATE SIGNED |
| EXAMIN NAME (| Type)Charles S | . Petty | 0 | ASSOCIATE | MEDICAL EX | (AMINER [| 3/20/66 |
| 23A. BURIAL CRE | MATION, 238 DATE | | C. NAME of CEMETERY | CREMATORY | 23 D. L | OCATION (City, | town, or county) (State) |
| REMOVAL (Specif | 3-2-4 | -11 | C.TT. 0. 0 | 0 13 - | -0- | Hill | - Tre D |
| seria | 3 | 66 | The fact of | Lend | 205 | 1 100 Com | 1179. |
| MAR 2 | 8 1835 A. 7 | 248. NAME | OF REGISTRAR | | eral director | unst FAS. C | stomalle Ind. |
| VS 151-REV. 1/1/ | 410,444 | , | * *** | | 7 | | 1 |
| | | | | | | | |



of death a hospital and

Such

to death.

| BIRTH NO. | 66 (130 | 145 | TE OF DEATH | Registered No. | 36 113045 |
|--|---|--|--|---------------------------------|--|
| M.E CASE NO. 1. NAME OF DEC (Type or Print) | Elfrieda | | 2. DATE A | ND HOUR OF DEATH | |
| FULL NAME (| | or institution, give street | | ere deceased lived. If | institution; residence before admission |
| HOSPITAL OR INSTITUTION | arrison Nursi | | 3615 Brook | | RURAL ond give township) 25 |
| 5 0 5 11 | | | | | |
| 5. SEX Female | 6. RACE | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | Mar 220,1878 | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs Months Days Hours Min. |
| | working life, even if retired) | 108, KIND OF BUSINESS OR INDUSTRY | | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NA | | wn | Germany 14. MOTHERS MAIDEN NA Unknow | | USA |
| IS. Was Deceased (Yes, no of unknown | Ever in U. S. Armed For a) (If yes, give war ar date | cos? s of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Femily | | Address Seme |
| (This does heart foilure, injury or cor | SE OR CONDITION DIR LEADING TO DEATH not men ihe mode of osthenio, etc. Il meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, il le above cause (A) G CONDITION last. | | en select dis Varant sevil Secility | Pic Neus | P |
| E TO THE C | II HEICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I | TED TO THE | | | |
| | F OPERATION 198. CON WAS PERI | DITION FOR WHICH OPERATION FORMED | 20A. AUTOPSY? (Yes or N | | FINDINGS CONSIDERED AUSES OF DEATH? |
| OR CONTRIB | NT WAS UNDERLYING UTING CAUSE OF | 218. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.) | n or about 21 C. WHERE DID INJURY OCCUR? | (If in Boltima | ore City, give exact tocotion) |
| 21D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeor) | (Hour) 21E INJURY OCCURRED While At Not While At Work | 21F. HOW DID IN | JURY OCCUR? | 7% |
| that (1) (we) | lost saw the decease | ottended the deceased from dolive on dolive on did (did (did not)) | | | 1 ngh 25 19 4 6 |
| 23A. SIGNATI | URE / | | | | 23 B. DATE SIGNED |

23D. ADDRESS

25C. FUNERAL DIRECTOR

(City, town, or county!

Md

23C. PHYSICIAN'S NAME (Type)

24D. LOCATION

(State)

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3/26/66

Cedar Hill Cem

AA CO.

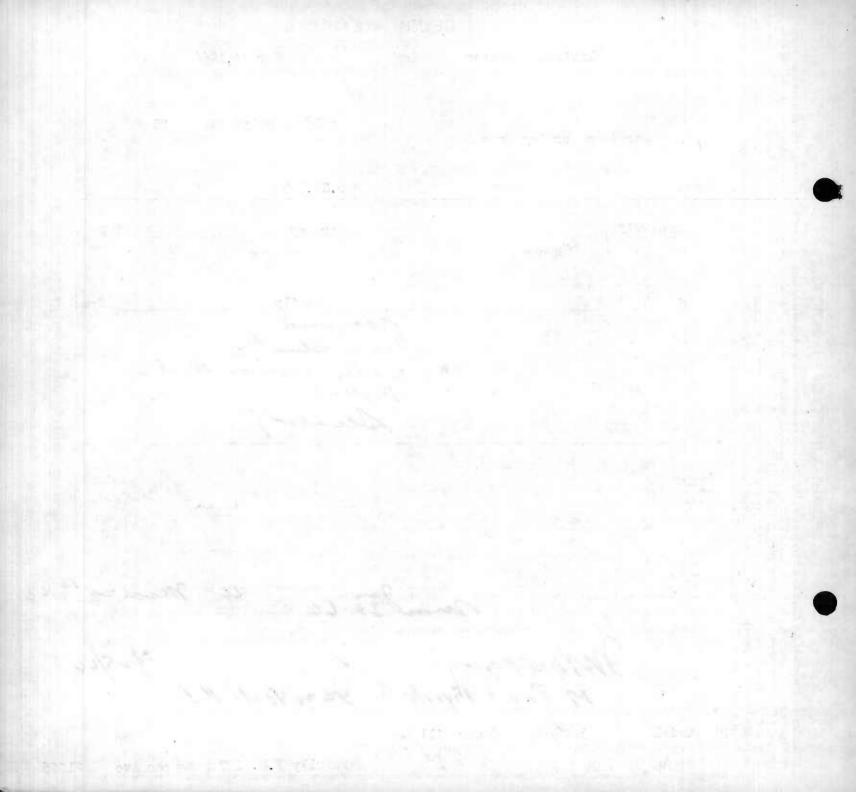
25B. NAME 25A. DATE REC'D BY HEALTH DEP

McCully F.H. 237 Patapsco Ave

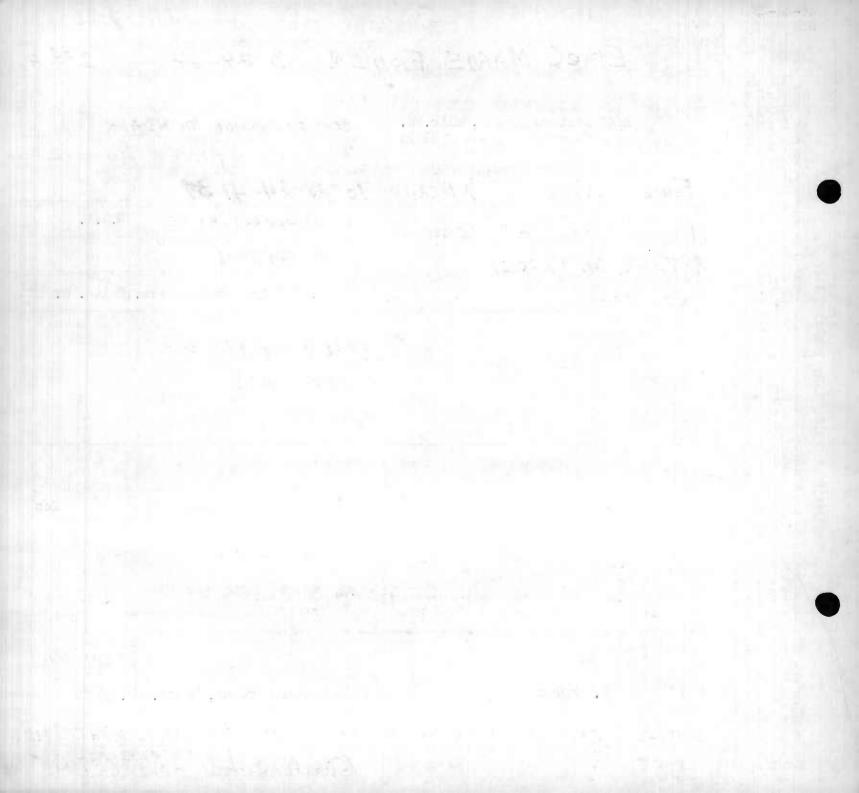
21 225

ADDRESS

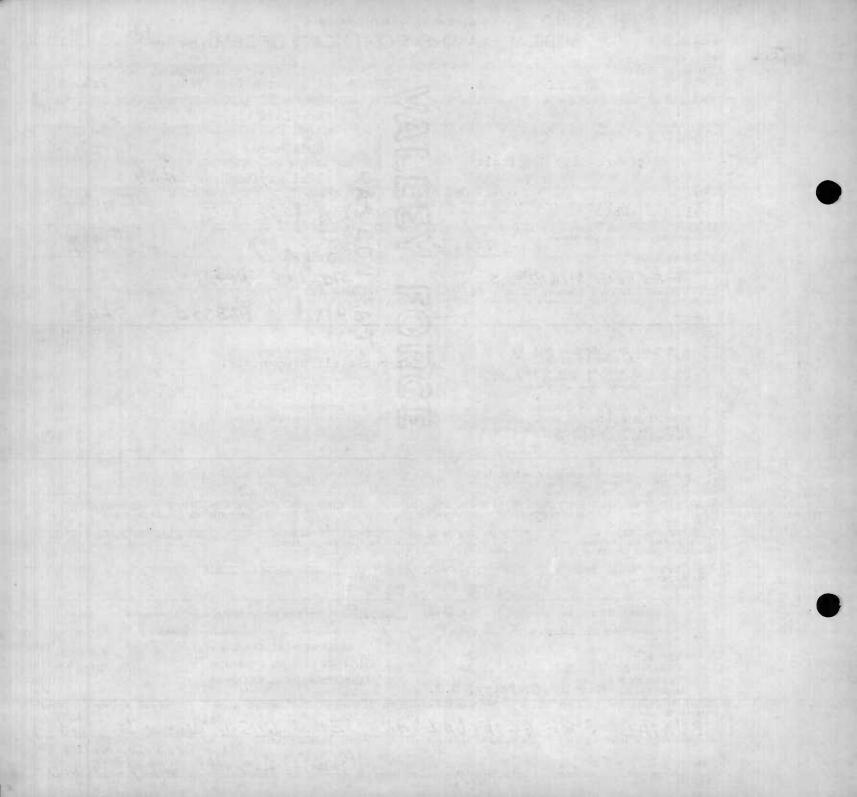
VS 150-REV. 1/1/65



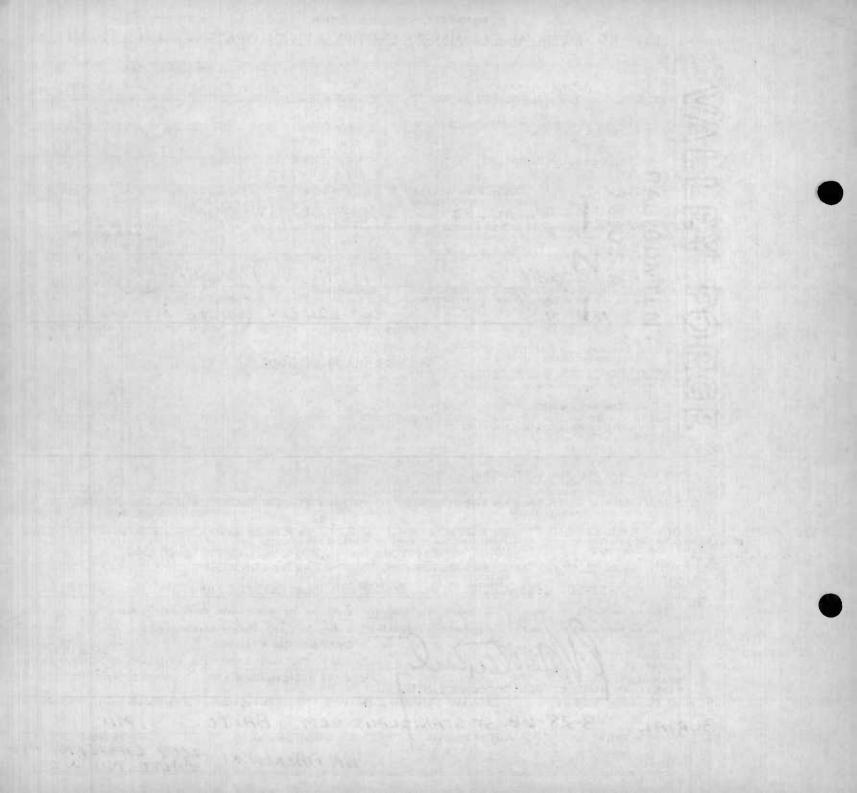




| SIR | TH NO. | MED | DICAL EX | KAMINER'S C | ERTIFICA | TE OF | DEATH Registe | red No | 03048 |
|-----------|-------------------------------------|--|------------------------|--|------------------------|-----------------------|------------------------------------|----------------|-------------------------------------|
| M. | E CASE NO. | | | | | | | | |
| 1. (Ty | NAME OF D | ROBERT | | A. DO | BSON | | 124, 1966 | ED DEAD | 7:45 A |
| 3. | PLACE IN BA | LTIMORE MARYLAND, | WHERE PRONO | UNCED DEAD | 4. USUAL RESI | DENCE(Where | deceased lived. If inst | itution: resid | ance before admission |
| FU | LL NAME OF | | TAL OR INSTIT | UTION, GIVE STREET | Má | aryland | deceased lived. If instance B. COU | > | × |
| Z | NOITUTITE | | | | Ва | altimore | | 26 | -36 |
| | ва | ltimore City | Hospitai | .s | D. STREET ADE | | eigh Way | 24 | |
| 5. 5 | SEX | 6. RACE | 7. MARRIED, | NEVER MARRIED | B. DATE OF BIR | | 9. AGE (In years last birthday) | If Under | 1 Yr. If Under 24 Hrs |
| | Male | White | | DIVORCED (specify) F BUSINESS OR INDUSTRY | JAN. 13 | 1966 | last birmady) | 2 | Days Haurs Min. |
| | | of working life, even if retired) | | FANT | BALT 14. MOTHER'S A | | | | COUNTRY? |
| 13. | FATHER'S NA | AME | | | | | | | |
| | GE | ORGE MIC | HAELS | | SHIR | LEY | DOBSON | | |
| | | SED EVER IN U.S. ARME | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS | |
| | | viii vii yes, give wor or do | ies of services | JEGKITI NO. | SHIR | LEY | DOBSON | 5 | AME. |
| | 18. | 25 % | | CAUSE | OF DEATH | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | DISE | ASE OR CONDITION D | DIRECTLY | | | | | 4.51 | ONSE! AND DEATH |
| | (This does | LEADING TO DEAT s not mean the made of | | | stitial H | neumoni | tis. | | |
| | heort foilu | re, osthenio, etc. It meor complication which coused | is the disease, | DUE TO | | | | | |
| | | The state of the s | 40011117 | | | | | | |
| | RISE TO 1 | ANTECENDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A): (ING CONDITION LAST. | ANY, GIVING | (B)DUE TO | •••••• | ••••• | | | |
| Z | | | | (C) | | | | | |
| FICATION | TO THE | GNIFICANT CONDITIONS DEATH BUT NOT R | ELATED TO T | N G THE | | | | | |
| CERTIFI | | OR CONDITION CAUSIN OF OPERATION 19B. CO WAS PE | | WHICH OPERATION | | | 20B. IF YES, WERE FIN | | TH? |
| ب | DIA EVTERNI | AL CAUSE WAS | | | Yes | | | | Yes |
| EDICA | UNDERLYING | GOR CONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., i , form, foctory, street, o | ffice bldg., INJUR | WHERE DID Y OCCUR? | (If in Baltimore City, giv | re exact loc | cotion) |
| Σ | 21 D TIME OF INJURY (APPROX.) | (Month) (Day) (Ye | | TE. INJURY OCCURRED | | OW DID INJU | JRY OCCUR? | | |
| | | | m. V | WHILE AT NOT NOT NOT WE | ORK | | | | |
| - | 22. | ertify that I held on | Inquiry | InspectionAut | opsy X on | d that on th | is basis, death in m | v apinian | |
| | resi | ulted from: Natural co | NISES X | Suicide | | | Undetermined manne | | |
| | . 53 | | , | Joierde | | EDICAL EX | | | |
| | ACTU | | -1/. 1 | 1 | | | | | DATE SIGNED |
| - | SIGNA | | acus s | M. D. | ASSISTANT M | | _ | | 3/24/66 |
| | | (Type) Charles | S. Pett | y, M.D. | ASSOCIATE A | AEDICAL EX | KAMINER | | |
| | BURIAL CE | | 23 | C. NAME of CEMETERY O | CREMATORY | 23D. L | OCATION (City, | town, or co | |
| | BUR1 | AL 3-26 | -66 1 | ST UN. EVAN | CEM | 1 611 | 5 O'DONNE | LL ST. | BALTO, |
| 244 | MAR S | D BY HEALTH DEPT. | 24B, NAME | OF REGISTRAR | O. O | DAL DIRECTOR | 0:00 901. | 5.CON | KLING ST |
| Ve | ISI PEY 10 | 18:00 (mg.) | 413 T. | D. M.E. | Char | ces s. | July BA | LTON | 24, MD. |
| A 2 | 151-REV. 1/1 | 1/65 | | , | | | | , | |



| M.E. CASE NO. | CAL EX | AMINER 5 CE | ERTIFICATE OF | DEATH Registe | red NO. |
|--|--|---|--|--|---|
| 1. NAME OF DECEASED (Type or Print) | N. WILL | | 2. DATE AN | ID HOUR PRONOUNCE | ED DEAD |
| CHARLES | LOWERY | | Mar | ch 25, 1966 | 5:17 Am. |
| 3. PLACE IN BALTIMORE, MARYLAND, WE | | | | | itution: residence before odmission JNTY |
| FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCATIONSTITUTION | TION) | | C. CITY OR TOWN (If outside BALTO. | de corporote limits, write | RURAL and give township) |
| University H | Hospital | - | D. STREET ADDRESS (If rurol 1732 LIGI | 1 married | |
| 5. SEX 6. RACE | | NEVER MARRIED IVORCED(specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min. |
| Male White | DIVOR | | MAR. 26,193 | 36 | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 108 KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign | gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAM | | |
| WALTER CROSE | 37 | | PEARL P. 1 | FREEBURG | FER |
| 15. WAS DECEASED EVER IN U.S. ARMED Yes, no or unknown), (If yes, give wor or dotes | | 16. SO CIAL SECURITY NO. | PEARL P. 1 | P.O. BOX . 52A | ADDRESS |
| Yes 1950-51 | | | LEO LOWERY | BALTO. A | 10. 2/22/ |
| 1B. (17) | | CAUSE | OF DEATH | 914-10.7 | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECENDENT CAUSES | , | | | | |
| DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST/ UNDERLYING CONDITION LAST. | NY, GIVING ATING THE CONTRIBUTIN ATED TO TH | | | | |
| DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST. ZOIT OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL. | NY, GIVING ATING THE CONTRIBUTIN ATED TO THE IT. | (C) | 20A. AUTOPSY? (Yes or No) yes | 208, IF YES, WERE FII | NDINGS CONSIDERED |
| DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST. NOTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELIDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONDITIONS OF THE DEATH SUT NOT RELIDISEASE OR CONTRIBUTION OF THE DEATH O | NY, GIVING ATING THE CONTRIBUTIN ATED TO THE IT. DITTON FOR WORMED | G IE | yes n or obout 21C, WHERE DID fifice bldg, INJURY OCCUR? n Roosevel | IN CERTIFYING CAUS | VE exoct location) |
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VS 150-REV. 1/1/65

TELT SIMILE SEE The second secon A present to the line awurk.

| BIRTH NO. | MED | ICAL EX | CAMINER'S CI | ERTIFICAT | TE OF D | EATH Registe | red Na. | 3454 |
|--|---|---|--|-------------------|-----------------------------------|--|------------------------|----------------------|
| M.E. CASE NO. | CEASED | | | | 2 DATE AND | HOUR PRONOUNCE | ED DEAD | |
| (Type or Print) | | O MONTH | OMDO TO | | | ch 26th. 1 | | 1:30 AM |
| 3. PLACE IN BALT | NICHOLA TIMORE, MARYLAND, W | | MEDO JR. | 4. USUAL RESID | | | itution: reside | nce befare admission |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPIT ADDRESS OR LOCA | AL OR INSTITU | JTION, GIVE STREET | C. CITY OR TOV | | carparate limits, write | RURAL ond | give tawnship) |
| | City Hospi | tals | | D. STREET ADDI | | East Aven | ue: | 205 |
| 5. SMale | 6. RACE White | WIDO WED, | NEVER MARRIED DIVORCED(specify) r married | B. DATE OF BIRTH | | 9. AGE (In years last birthday) | II Under 1 Months D | yr. If Under 24 Hr. |
| | WORKING life even if retired) Not emp | | F BUSINESS OR INDUSTRY | Mary | Lamd | country) | 12. CITIZEN WHAT | COUNTY? |
| 3. FATHER'S NAN | Nicholas N | lonfrede | 9 9 4 E | Casimia | ra Slaski | | | |
| 5. WAS DECEASE | D EVER IN U.S. ARMEE | FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS | |
| No | , in yes, give war at don | es of service | 216-54-4044 | Mother, (| Casimira | Monfredo | , # 4, | a, b, c, d. |
| DISEASES RISE TO TH UN DERLYIF OTHER SIG TO THE DISEASE O | ANTECENDENT CAUS OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING | CONTRIBUTION TO | HE | | | | | |
| 0 2 | WAS PER | FORMED | WHICH OPERATION | Yes | IN | B. IF YES, WERE FIN CERTIFYING CAUS | SES OF DEA | TH? Yes |
| UNDERLYING TO CAU | L CAUSE WAS COR CONTRIB- SE OF DEATH. | 21 B. hame etc.) | PLACE OF INJURY (e.g., i form, factory, street, o Street | n or about 21C. W | occur? | in Boltimare City, giver reet, Nort | h of K | eith Avenu |
| 21D TIME OF INJURY (APPROX.) | March 26 66 | 1:05AN | VHILE AT NOT NORK | WHILE XX Pas | senger i | n car that | hit p | ole 26-3 |
| ACTUAI SIGNAT EXAMIN | L URE Werner U. | , h. | Accident Sulcide | Hamici | de Un EDICAL EXA EDICAL EXA | MINER X | | DATE SIGNED |
| NAME (| MATION, 23B. DATE | 23 | C. NAME of CEMETERY of | CREMATORY | 23D. LOC | CATION (City, | lawn, or cou | unty) (State) |
| Burial | March 30 | 1966 | St. Stanislau | 8 | Dindal | k Ave. Bel | to. Md. | 21224 |
| MAR | 28 1395 R | 24B, NAME | OF REGISTRAR | | AL DIRECTOR | Baltimore, | AD | DRESS |
| VS 151-REV. 1/1/ | 65 n/ 864 | 2 1 | | | | | | |

Section Sectio A PERSON OF MARK TO THE REAL PROPERTY. The second of th but thing to dive the sale delivery District to the second of the ASSESSMENT . OF STATE OF THE ST Accompanies, continue, and the standard

BALTIMORE CITY HEALTH DEPARTMENT

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BUTTO STATE OF STATE

DE J. ELK, SEFEL, M. SIERRESER

24C. FUNERAL DIRECTOR

JOHN J. DUDA, Dundalk, Maryland 21222

VS 151-REV. 1/1/65// 269 37

24B, NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

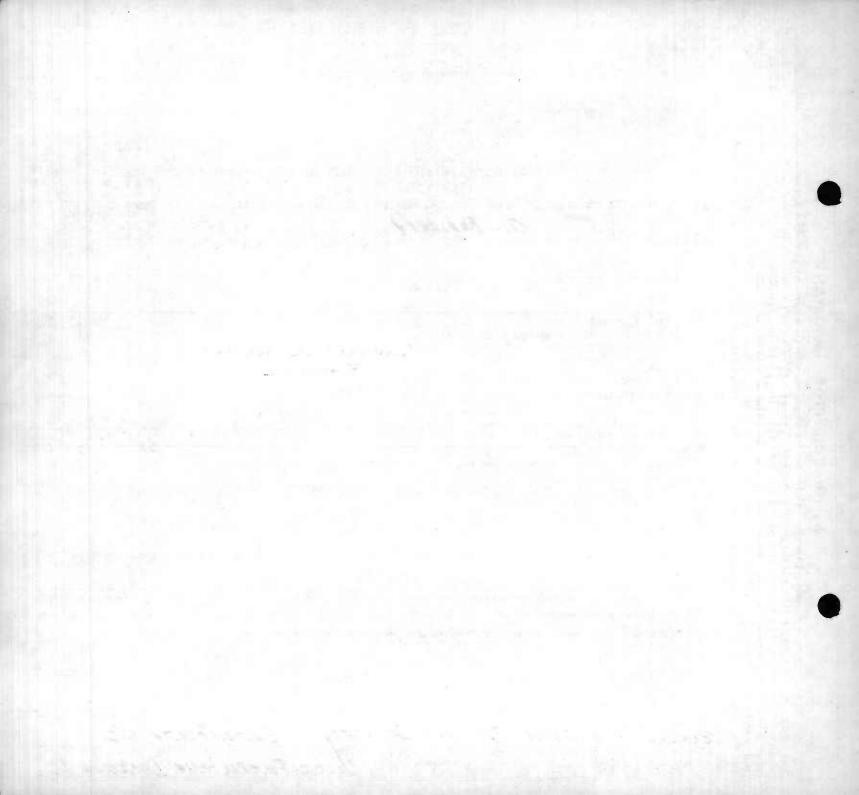
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ADDRESS

A STATE OF THE STA e e

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| | a hospite cause of se; (5) De endance to death |
| | tributing mined cau gular atte |
| | f death or con () Undeternwas in rehe decea |
| DRTANT | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such except must be obtained before the embalmed or final disposition is made. |
| R: IMPO | er. Also, cture of al pronounce lar attend |
| FUNERAL DIRECTOR: IMPORTANT | al examin ; (3) A fra ian who s in regul |
| NERAL C | a medica a medica lody burns he physic sician wa |
| FU | d by the cospital by ture; (2) B t where t where t 6) No phy |
| • | e approve of any na tal (excep th); and (|
| | is released a secident at a hospition to deal |
| | This certificate must be apply the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death), written approved |
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| | BALTIMORE CIT | I TIEAETTI DEI ARTMETTI | RR 00054 |
|---|---|--|---|
| BIRTH NO. 66 (13) | 054 CERTIFICA | ATE OF DEATH Register | red No.66 03054 |
| M.E. CASE NO. | | 2. DATE AND HOUR OF | DEATH. / / |
| Type or Print) John H. | RRINK | 23 MAR | 1966 12:05 |
| PLACE OF DEATH IN BALTIMORE, MARY | TLAND | 4. USUAL RESIDENCE (Where deceased I | |
| | | A. STATE B. COUNTY | 1 . 21 11 |
| FULL NAME OF (If not in hospital or | institution, give street | MARYCANO | 06-11 |
| HOSPITAL OR oddress or location) INSTITUTION | | 11 /11 / | ts, write RURAL and give township) |
| | | BALLIMORE | |
| 1100V/ - 1 (| 1/ | D. STREET ADDRESS (If rurol, give loc | otion) |
| MARYLAND GENERAL SEX 6. RACE MALE CULITY TO SERVICE | It ospital | | ald IN St |
| SEX 6. RACE | MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH 9. AGE (In y lost bighday) | Months Ooys Hours A |
| MALE White | Widowed | 29-Feb - 16 90 | |
| OA, USUAL OCCUPATION (Give kind of work) | | 1 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF |
| one during most of working life, even if retired) | OIL REFINERY | Dal+ - 11 | WHAT COUNTRY? |
| 13 eliAEI) | OIL MEPINELY | BALTIMORE MO | 43/4 |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | · |
| 4NK | | un Know is | |
| 5. Was Deceased Ever in U. S. Armed Force | es? 16. SOCIAL | 17. INFORMANT | ADDRESS |
| Yes, no or unknown) (If yes, give wor or dotes | of service) SECURITY NO. | IRENE KeisER | 702 EST 212 |
| 140 | | | 10~ 1.31 ~1~ |
| 18. 491X1 | CAUSE | OF DEATH | INTERVAL BETWEEN |
| DISEASE OR CONDITION DIRE | CTLY | | |
| LEADING TO DEATH | C | | |
| (This does not mean the mode of a | dving, e.g., DUE TO | NGRATIVE HERRY | |
| healt failure, asthenia, etc. It means t | ha disages | E 21 | |
| injuly at camplication which caused o | sedin.) | molishneuma | ma: |
| ANTECEDENT CAUSES | DUE TO | | |
| DISEASES OR CONDITIONS, if a | ny, giving | massure | |
| uise to the above cause (A) | slaling The (C) | | |
| | | | |
| Z OTHER SIGNIFICANT CONDITIONS CO | NTDIBILTING | | |
| OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. | ED TO THE | | |
| OISEASE OR CONDITION CAUSING IT. | | [20A. AUTOPSY? (Yes or No)] 20B, IF YE | , WERE FINDINGS CONSIDERED |
| WAS PERFO | | IN CERTIF | TING CAUSES OF DEATH? |
| 19A. DATE OF OPERATION 198. COND WAS PERFO | 210 81 4 07 07 11 11 11 11 | is as should be with the public publi | Politimana City sing and Lond |
| OR CONTRIBUTING CAUSE OF | home, form, foctory, street, | in or obaut 21 C. WHERE DID (If in office bldg., INJURY OCCUR? | Boltimore City, give exact location) |
| DEATH (notify medical examiner) | etc.) | | |
| 21D. TME (Month) (Day) (Year) | (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR | |
| | | | |
| OF INJURY | While At Not Wh | | |
| OF INJURY (APPROX.) | While At Not Wh | | |
| (APPROX) | ottended the deceosed from | | 23 MAR 196 |
| 22. I certify that (N (this hospital) | ottended the deceased from | 21 - MAR 1905 to | |
| 22. I certify that (N (this hospital) that (N (we) lost sow the deceased | ottended the deceosed from | 21 - YAR 1966 to 19 6 and that in (1997) | |
| 22. I certify that (N (this hospital) that (N (we) lost sow the deceased and hour and from the causes state | ottended the deceosed from | 21 - YAR 1966 to 19 6 and that in (1997) | our) apinion deoth occurred on th |
| 22. I certify that (N (this hospital) that (N (we) lost sow the deceased | ottended the deceosed from | 21 - YAR 1965 to 19 6 and that in (1997) (view the body ofter death. | our) apinion deoth occurred on the |
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| 22. I certify that (N (this haspital) that (N (we) lost sow the deceased and hour and from the causes state 23A. SIGNATURE | ottended the deceosed from I olive on I olive on Med obove, (1) (We) (did) (did not) M.O. Al | 21 - YAR 1966 to 19 6 and that in (1997) (view the body ofter death. tending Med. Stoff Phys. | our) apinion deoth occurred on th |
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| 22. I certify that (N) (this hospital) that (N) (we) lost sow the deceased and hour and from the couses state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | work At Work ottended the deceosed from old obove, (1) (We) (did) (did not) M.O. At M.D. AL 24C. NAME of CEMETERY or C | 21 - YAR 1966 to 19 6 and that in (1979) (view the body ofter death. tending Med. Stoff Phys. 23D. ADDRESS Maryland Jones REMATORY 24D. LOCATION | 238, DATE SIGNED 238, DATE SIGNED 23 - MAN (City, town, or county) (S |
| 22. I certify that (N (this hospital) that (N (we) lost sow the deceased ond hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 3 ~ 26 ~ 6 | work At Work ottended the deceosed from I olive on ad obove, (I) (We) (did) (did not) M.O. At Ph 24C. NAME of CEMETERY or Cl | 21 - YAR 1966 to 19 6 and that in (1997) (view the body ofter death. tending Med. Stoff Phys. 22D. ADDRESS Mayland General REMATORY 24D. LOCATION AETERY BALTO, Co | 23B. DATE SIGNED 23-MAN (City, town, or county) (S |
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| 22. I certify that (N) (this hospital) that (N) (we) lost sow the deceased and hour and from the couses state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 8 - 26 - 6 | work At Work ottended the deceosed from I olive on ad obove, (I) (We) (did) (did not) M.O. At Ph 24C. NAME of CEMETERY or Cl | 21 - YAR 1966 to 19 6 and that in (1997) (view the body ofter death. tending Med. Stoff Phys. 22D. ADDRESS Mayland General REMATORY 24D. LOCATION AETERY BALTO, Co | 238. DATE SIGNED 23-MAN (City, town, or county) (S |
| (APPROX.) 22. I certify that (N) (this hospital) that (N) (we) lost sow the deceosed ond hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 124B. DATE REMOVAL (Specify) 8 - 26 - 6 | work At Work ottended the deceosed from I olive on ad obove, (I) (We) (did) (did not) M.O. At Ph 24C. NAME of CEMETERY or Cl | 21 - YAR 1966 to 19 6 and that in (1997) (view the body ofter death. tending Med. Stoff Phys. 22D. ADDRESS Mayland General REMATORY 24D. LOCATION AETERY BALTO, Co | 238. DATE SIGNED 23-MAN (City, town, or county) |



CERTIFICATE OF DEATH Registered Na. RIPTH NO M.E. CASE NO I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) WALLACE J. WAW 3. PLACE OF DEATH IN BALTIMORE MARYLAND NEW JERSEY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rutol, give location) COLONIAL DRIVE 5. SEX 6. RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthday) MALE WHITE MARRIED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) disposition (4) Und 9 SID 13. FATHER'S NAME ō 14. MOTHER'S MAIDEN NAME JOSEPH WAW IS. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance CALLSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This daes not mean the made of dying, e.g., ular bal heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUF TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains SD H 3 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. up 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 2TA. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 2 Z hospital DEATH (notify medical examiner) obtained 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Dov) (Year) 9 OF INJURY (except While At Not While [(APPROX.) At Work and Work 22, I certify that (1) (this haspital) attended the deceased from 66 that (I) (we) last saw the deceased alive an... 19 death) hospital and haur and fram the causes stated obave. (I) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE Staff Attending Director O prior 23 C. PHYSICIAN'S 23D. ADDRESS to NAME (Type) HOPKINS WILLIAM B. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION o removal/burial 5-25-66 St. Mary's Cemetery SD 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME QE REGISTRAR 3

66 43055

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

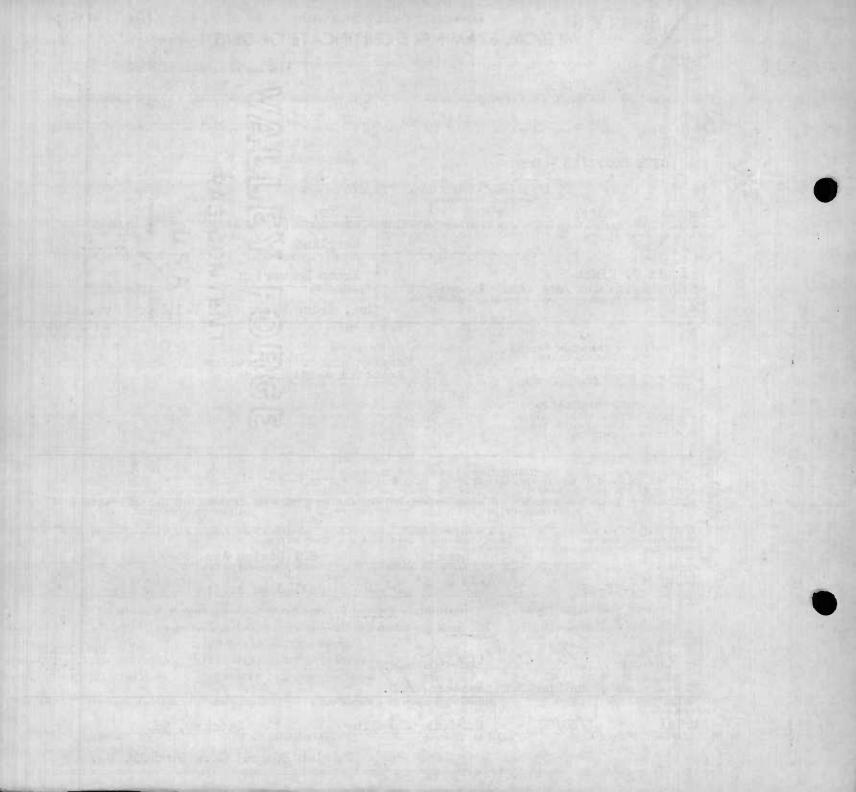
BALTIMORE CITY HEALTH DEPARTMENT

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before addission)
A. STATE
B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? SARAHA KALISTINSKI ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (aur) apinion death accurred an the date 23 B. DATE SIGNED HOSPITAL (City, town, or county) East Brunswick, New Jersey Ullrich Funeral Home, Baltimore, Md.

1 66 3/21

| BIRTH NO | 66 83056 MED | ICAL EXAMINER'S | | | EATH Register | | 3056 |
|-----------------------|---|--|--|------------------|---|--------------|--------------------|
| M.E. CAS | E NO. | | | × | | | |
| 1. NAME (Type or P | OF DECEASED | | | 2. DATE AND | HOUR PRONOUNCE | D DEAD | |
| Trype or I | VERNA PONIS | | | Marcl | h 23, 1966 | | 3:40 A M |
| 3. PLACE | IN BALTIMORE, MARYLAND, W | HERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before | | | | |
| FULL NAM | ME OF (IF NOT IN HOSPIT OR ADDRESS OR LOCA | AL OR INSTITUTION, GIVE STREET | | yland | corporate limits, write | 10 | give tawnship) |
| INSTITUTIO | ON | | Ba1 | timore | | 1 | 3-0% |
| | CITY HOSPITAL - | DOA | D. STREET ADDR | FSS (If ruso) of | ive Incotion) | | 000 |
| | CITI HOSPITAL - | DOA | 0.00 | | | | |
| 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED | 801 Loalon Ave. | | If Under 1 Yr. If Under 24 I | | |
| J. J.L. | 0. 1.702 | WIDO WED, DIVORCED (specify) | B. DATE OF BIRTH | | 9. AGE (In years last birthdoy) | | ays Hours Min. |
| Fema | le White | Married | Feb. 22, | 1928 | 38 | | |
| | AL OCCUPATION (Give kind of wor mast af warking lite, even if retired) | TOB. KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (S | state or foreign | country) | 12. CITIZEN | OF COUNTRY? |
| | home | Lace manage 24 s | Maryland | d | | | 5.A. |
| | R'S NAME | | 14. MOTHER'S MA | | | - | |
| | vin W. Wines | | | eaverton | | | |
| | DECEASED EVER IN U.S. ARMED | | 17. INFORMANT | | | ADDRESS | |
| No | | | Mrs. Irene Myers 6506 Baltimore Ave. 21222 | | | | |
| UN | ANTECENDENT CAUSI BEASES OR CONDITIONS, IF A E TO THE ABOVE CAUSE (A) S DERLYING CONDITION LAST. | ANY, GIVING DUE TO | | | | | |
| SI DIS | II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE SEASE OR CONDITION CAUSING | LATED TO THE | | •••• | | | |
| 32 | WAS PER | IDITION FOR WHICH OPERATION | 20A. AUTOPSY? Yes | (Yes ar Na) 20 | B. IF YES, WERE FIN I CERTIFYING CAUS YES | DINGS CON | NSIDERED 'H? |
| OUNDE | RLYING OR CONTRIB- | 21 B. PLACE OF INJURY (e.g. hame, form, factory, street, | affice bldg., INJURY | HERE DID (If | in Baltimare City, giv | e exoct loco | tion) |
| | G CAUSE OF DEATH. | home | 80 | 1 Loalor | a Ave. | 3 - | 00 |
| 21 D T | | r) (Haur) 21E. INJURY OCCURRED | 21 F. HO | W DID INJUR | Y OCCUR? | | 00 |
| OF IN. | 1-28-66 | ? m. WHILE AT NOT | work X Fe1 | 1 down s | stairs | | |
| 22. | I certify that I held an I | nquiry Inspection A | utapsy X and | that an this | basis, death In m | y apinion | |
| | resulted fram: Natural co | | Ide Homicid | le Un | determined manne | | |
| | 120 | | | DICAL EXA | | | |
| | CTUAL / /// | Truler, | | | - Contract | | DATE SIGNED |
| | IGNATURE / | M. | D. ASSISTANT ME | | | | 3-23-66 |
| | EXAMINER'S Rudige | r Breitenecker, M.D | ASSOCIATE ME | DICAL EXA | MINER | | |
| | AL CREMATION, 23B. DATE | 23C. NAME OF COMETERY | | 23 D. LO | CATION (City, | town, or cou | nty) (State) |
| Buri | | Gardens of F | aith | | Overlea, Mo | 1. | |
| 24A. DATI | E REC'D BY HEALTH DEPT. | 248, NAME OF REGISTRAR | 24C. FUNERA | | o.oracou, mo | | DRESS |

Ullrich Funeral Home Dundalk, Md.

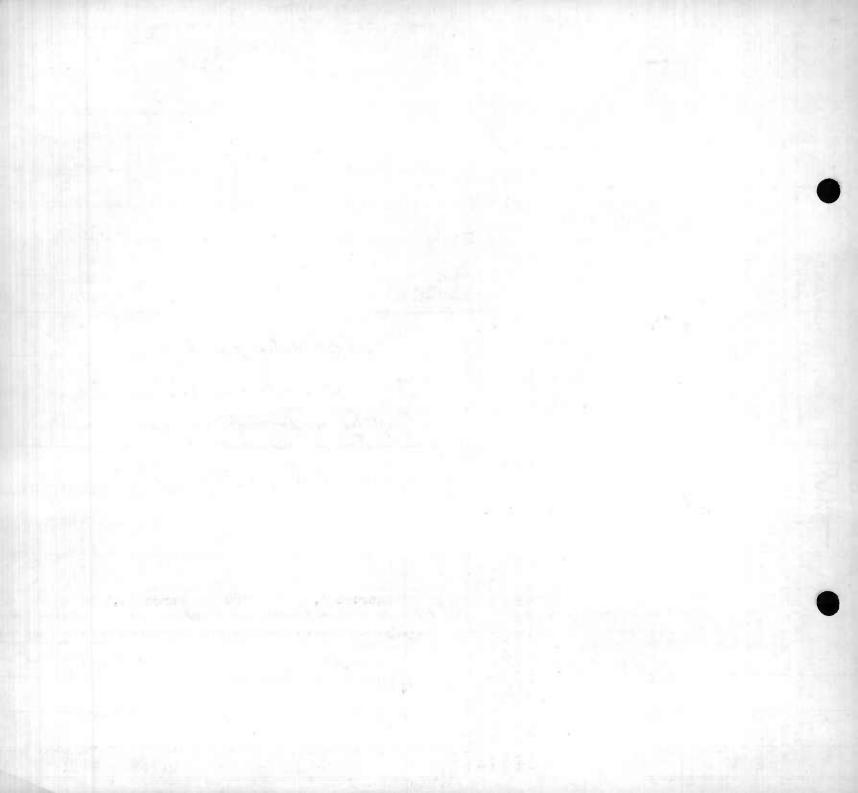


VS 150-REV. 1/1/65

Such

a hospital and

| | | | Y HEALTH DEPARTME | NT | |
|---|----------------------------------|---|-------------------------|---------------------------------|--|
| | 3 1305 | CERTIFICA | TE OF DEA | TH Registered N | °66 1131157 |
| M.E. CASE NO. | | | | ATE AND HOUR OF DEAT | |
| (Type or Print) | JOSEPH C | ADAMS | | | |
| 3. PLACE OF DEATH IN BALTIMOR | | • ADAMO | 14. USUAL RESIDENC | larch 22, 1966 | 2 P.M. |
| | | | A. STATE B. | COUNTY | 1 31 |
| FULL NAME OF (If not in ho oddress or I | spitol or institution | on, give street | Maryla | | 0-00 |
| INSTITUTION | oconon/ | | | | te RURAL and give township) |
| A 0000 01 77.7 | | | Baltim | | |
| 6520 St. Hel | Lena Ave. | | D. STREET ADDRESS | (If rural, give location) | |
| | | | + | t. Helena Ave | |
| 5. SEX 6. RACE | 7. MARRI | ED, NEVER MARRIED WED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | Months Doys Hours Mir |
| Male White | Ma | rried | Oct. 27, 191 | | |
| tOA, USUAL OCCUPATION (Give kind done during most of working life, even if re | of work 10B. KIND | OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Roller | | teel | Penna | | U.S.A. |
| 3. FATHERS NAME | | 0002 | 14. MOTHER'S MAID | EN NAME | 0.0.2. |
| | 11000 | | | | |
| Chester J. Adams | | | Anna E. M | urray | |
| (Yes, no at unknown) (If yes, give war o | ed Forces? or dates of servic | 1 6. SOCIAL SECURITY_NO. | 17. INFORMANT | | ADDRESS |
| No | | 198-07-1991 | Mrs. June A | dams 6520 St. | . Helena Ave. |
| 18. 64 0 0 1 | | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| DISEASE OR CONDITIO | N DIRECTLY | | | | ONSET AND DEATH |
| LEADING TO DE | | (4) | contil a | too bunde | Catalana |
| (This daes not mean the man | | | Af l | Sty former 1 | |
| heart failure, asthenia, etc. It r | | se, | | 1 | |
| ANTECEDENT CA | | (B) Oro | - Culainerin - | Hovernoed Fra | Tula Zules. |
| | | DUE TO | (No weight | | To Fe Do distribute (concerns on a constitut of a 180 constitut of 180 constitut on 180 co |
| rise to the above cause | | | later is in | indistant al. | In I man |
| UNDERLYING CONDITION In | | The state of | T. C | DO DO D | A STATE OF THE STA |
| 11 | | | There ! | even. | SI. |
| OTHER SIGNIFICANT CONDITION | NS CONTRIBUT | TING C | - 0.0 | 1 | Los Jellami |
| TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS | RELATED TO | THE offi Carry | nom () Hos | your toware & | mpm T7/mo. |
| | | R WHICH PERATION | 20A. AUTOPSY? (Ye | | E FINDINGS CONSIDERED |
| | S PERFORMED | () (| no No. | IN CERTIFING | CAUSES OF DEATH? |
| OR CONTRIBUTING CAUSE O | ING 🗆 | 21 B. PLACE OF INJURY (e.d., | in or obout 21 C. WHERE | DID (If in Boltin | nore City, give exact location) |
| ▼ DEATH (notify medical examiner) | | home, form, factory, street, e | omice blag., INJUKI OCC | .U K: | |
| 21D. TIME (Month) (Doy) | (Year) (Hour) | 21 E. INJURY OCCURRED | 21F. HOW D | ID INJURY OCCUR? | |
| S OI INJURI | | While At Not Whi | | NO INJURY OCCUR. | |
| (APPROX) | | Work At Work | | | |
| 22. I certify that (I) (this has | spital) ottende | d the deceased fram | ugust. 7 | 19 64L to M | arch 23,1966 19 |
| that (I) (we) last sow the de- | | / / / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1 | | and that in (my) (and) a | opinion death accurred on the |
| | | | | | , |
| ond hour and from the cause: | s sidied dbove | · (1) (mil) (qiq) (Ria Mil) | ALEM THE DOGS OTTER | eoiu. | 23 B. DATE SIGNED |
| La / | 1/1 | M.D. At | ending Med. | Stoff - | 23 & DATE SIGNED |
| 171K | frencho | Ph. | ys. Director | | 3/24/66 |
| 23C. PHYSICIAN'S NAME (Type) | V | | 23D. ADDRESS | | / / |
| Robert | G. Cham | bers M.D. | 836 Park | Ave. | |
| 24A. BURIAL CREMATION, 24B. DA | TE 240 | NAME of CEMETERY OF CE | | | (City, town, or county) (Stot |
| | | | | | |
| Burial 3/25 | | Meadow Ridge | | Dorsey, Md. | |
| 25A. DATE REC'D BY HEALTH DEPT. | 25B. NAN | E OF REGISTRAR | 25C. FUNERAL DI | | ADDRESS |
| MAR 28 1938 A | 0 4 6 | Cx 0. 48 | Wilrich Fu | neral Home 421 | O Belair Road. |



| | BALTIMORE CITY | HEALTH DEPARTMENT | 6 | 66 43058 |
|--|---|--|-------------------------------------|---|
| RTH NO. A.E. CASE NO. | CERTIFICA | TE OF DEATH | Registered Na | |
| NAME OF DECEASED Type or Print) PLACE OF DEATH IN BALTIMORE MARYLAND | A. | 20 DATE OND 20 HOLE OND BALTIMO 4. USUAL RESIDENCE (Where A. STATE B. COUNTY | RE HARYL | MARCH. 19, 1966 AND 7 30 P. M. stilution: residence before admission) |
| FULL NAME OF (If not in hospital or institution, give hOSPITAL OR oddress or location) | street | MARYLAND | 2 | 7-48-RURAL ond give township) |
| CHURCH HOME AND HOSPI | TAL | BALTIHORE D. STREET ADDRESS (If the | rol, give location) | |
| BALTIMORE, HARYLAND | | 802 Darn | routh A | COAD |
| F WHITE MARRI | ED (specify) | 8-9-89 | AGE (In years st birthday) 76 | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| 0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUI one during most of working life, even if refired) AOUSE WIFE | SINESS OR INDUSTRY | TRINIDAD | country) | 12. CITIZEN OF WHAT COUNTRY? HARYLAND |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | E | MAICALAND |
| HRTLEN MCLEN | | MARY ADER - | TAYLOR | |
| .,,,,, | SOCIAL SECURITY NO. 7 9-20-283 | 17. INFORMANT T. (NOTS) | 802 Nac | ADDRESS PARTY |
| OR CONTRIBUTING CAUSE OF home, for call the call of th | ACE OF INJURY (e.g., in orm, foctory, street, orm, foctory, street, or investigation) | 20A. AUTOPSY? (Yes or No.) n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? | (If in Boltimore | INTERVAL BETWEEN ONSET AND DEATH ALLE FINDINGS CONSIDERED JSES OF DEATH? City, give exoct locotion) |
| BURIAL 3-22-66 MOR SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF R | Man 19 (e) (did) (did not) v M.D. Attr. Phy 122 J. M.D. of CEMETERY of CRI | ending Med. Since the bady ofter deoth. Med. Director Pi 23D. ADDRESS Church 24D. LOC EMATORY 24D. LOC 25C. FUNERAL DIRECTOR | CATION (Cit | Washer (Stote) ADDRESS |
| MAR 28 1865 (D. A. E. S. 150-REV. 1/1/65 | 4.0 | ULLRICH IT-U | WOKAL VO | me BALTO, MS. |

BALLWITTE SATIRATE AND ANSPITAL gow Darmouth FORD MALCHARE, MARYLAND 24 63-6-8 HERRENER BTINW 9 TRINI DR.D. NAPE SCHOOL BALL BURGE MRTLE N HELEN 1685-06-950 me Hind many السلاموق المستشيد المستسير motorfu do

Flower Con C Durices

Charact France of Hostopholes

| A.E. CASE NO. | CEASED | | CERTIFICA | 01 0 | | NO HOUR OF DEATH | | |
|--|--|--|--|--|--|---|--|--|
| NAME OF DE | | y B. Co | ster | | | 25- 1966 | 12:20 A | |
| PLACE OF DE | ATH IN BALTIMORE, MA | 0 | | 4. USUAL RES | IDENCE (Whe | ere deceased lived. If | institution: residence before odmissio | |
| FULL NAME | OF (If not in hospital | as institution | awa shaat | Md. | | Baltimo | re | |
| HOSPITAL OR | give street | C. CITY OR TO | OWN (If ou | itside city limits, write | RURAL ond give township) | | | |
| | | | | Maryland 21 | 128 63-00 | | | |
| 0 | Harford Gar | | | D. STREET ADDRESS (If rurol, give locotion) 4259 Chapel Road | | | | |
| | 4700 Har | | | | ulu . | | | |
| SEX | 6. RACE | WIDOWE | D, DIVORCED (specify) | B. DATE OF BIL | | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Hi Months Doys Hours Min. | |
| Male | White | Wide | DWED F BUSINESS OR INDUSTRY | 12-18-] | | 83 | 112. CITIZEN OF | |
| | working life, even if retired) | | | | | | WHAT COUNTRY? | |
| Contractor Selfemployed | | | Baltimore Md. | | | V.S.A. | | |
| 3. FATHER'S NA | | | | 14. MOTHERS | MAIDEN NA | ME | | |
| | Theodore | J. Cos | ster | | Ludwina | Denz | | |
| 5. Was Decease les, no or unknow | d Ever in U. S. Armed For | rces? es of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMAN | T | 2 | ADDRESS | |
| No | | | 220-46-9855 | John H. | Coste | 4265 Chap | el Road | |
| 18> = | DYTHO | 10 V | | F DEATH | | 4-07 011-19 | INTERVAL BETWEEN ONSET AND DEATH | |
| DISEASES | , osihenia, etc. Il means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, il a above couse (A) | death.) ony, giving | (B) Seve | re Gene | | ed Arterio | o- 5 yrs. | |
| DISEASES iise Io II UN DERLYIN | mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it ne above couse (A) G CONDITION lost. | ony, giving stating the | (B) Seve | | | | o- 5 yrs. | |
| DISEASES iise IO II UN DERLYIN OTHER SIGN TO THE I DISEASE OF | ANTECEDENT CAUSES OR CONDITIONS, il ne above couse (A) G CONDITION lost. II WIFICANT CONOITIONS C DEATH BUT NOT RELA CONDITION CAUSING | ony, giving stoting the CONTRIBUTIN ATED TO THE | (B) Seve | abetes | Mellit | cus | | |
| DISEASES iise IO II UN DERLYIN OTHER SIGN TO THE I DISEASE OF | ANTECEDENT CAUSES OR CONDITIONS, il ne above couse (A) G CONDITION lost. Il lificant conditions C | ony, giving stating the CONTRIBUTINATED TO THE IT. | (B) Seve | abetes | Mellit | CUS | cosis Findings considered ausses of death? | |
| DISEASES iise Io III UN DERLYIN OTHER SIGN TO THE I DISEASE OF | ANTECEDENT CAUSES OR CONDITIONS, il ne above couse (A) G CONDITION lost. Il NIFICANT CONDITIONS CO DEATH BUT NOT RELA C CONDITION CAUSING IF OPERATION 198. CON | ony, giving stoting the CONTRIBUTINATED TO THE CONTRIBUTION FOR FORMED | (B) Se Ve DUE TO (C) (G) WHICH OPERATION B. PLACE OF INJURY(e.g., ne, form, foctory, street, company, st | abetes 20 A. AUTOP NO | Mellit | OUS OF 208, IF YES, WERI | E FINDINGS CONSIDERED | |
| OTHER SIGN TO THE I DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. ACCIDIOR CONTRIBUTION OF CONTRIBUTI | ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) to conditions of conditions of conditions of conditions of condition causing in the condition causing in the condition causing in the condition of causing in the caused and cau | ony, giving stoting the CONTRIBUTINATED TO THE. ADDITION FOR FORMED | (B) Se Ve DUE TO (C) (G) WHICH OPERATION B. PLACE OF INJURY(e.g., ne, form, foctory, street, company, st | 20 A. AUTOP NO in or obout 21 C. V | Mellit PSY? (Yes or N) WHERE DID RY OCCUR? | OUS OF 208, IF YES, WERI | E FINDINGS CONSIDERED AUSES OF DEATH? | |
| OTHER SIGN TO THE DISEASE OF T | ANTECEDENT CAUSES OR CONDITIONS, il ne above couse (A) G CONDITION lost. II NIFICANT CONDITIONS CO EATH BUT NOT RELA E CONDITION CAUSING I F OPERATION 198. CON WAS PER ENT WAS UNDERLYING LY MEDICAL CAUSE OF IV medical examined | ony, giving stoling the CONTRIBUTINATED TO THE TOTAL STORMED 211 Hotel (Hour) 214 W. | (B) Se Ve DUE TO (C) (G) WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foctory, street, or ne, foctory, street, or ne, foc | 20 A. AUTOP NO in or obout 21 C. V ffice bldg., INJUI | Mellit PSY? (Yes or N) WHERE DID RY OCCUR? | O) 20B. IF YES, WERI IN CERTIFYING C | E FINDINGS CONSIDERED AUSES OF DEATH? | |
| OTHER SIGN TO THE I DISEASE OF TO THE I DISEAS | ANTECEDENT CAUSES OR CONDITIONS, il ne above couse (A) G CONDITION lost. II NIFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING FOPERATION 198 CON WAS PER ENT WAS UNDERLYING LUTING CAUSE OF Ty medicol exominet | ony, giving stoling the CONTRIBUTIN ATED TO THE TOTAL STORMED TO THE TOT | (B) Se Ve DUE TO (C) (G) WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, of the control of the contro | 20 A. AUTOP NO in or obout 21 C. V ffice bldg., INJUI | Mellit PSY? (Yes or N) WHERE DID RY OCCUR? | OUS O) 20B. IF YES, WERI IN CERTIFYING C | E FINDINGS CONSIDERED AUSES OF DEATH? | |
| OTHER SIGN TO THE DISEASE OF 19A. DATE OF CONTRIBUTION OF CONT | ANTECEDENT CAUSES OR CONDITIONS, il ne above couse (A) G CONDITION lost. II NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I F OPERATION 198. CONDITION CAUSING I TOPERATION 198. CONDITION CAUSING I TOPERATION 198. CONDITION CAUSING I TOPERATION 198. CONDITION CAUSE OF I TOPERATION (Month) (Doy) (Yeot) That (I) (this hospital | ony, giving stoting the Stotin | (B) Se Ve DUE TO (C) (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foc | 20 A. AUTOP NO in or obout 21C. V iffice bldg., INJUI | Mellit PSY? (Yes or N) WHERE DID RY OCCUR? | OUS OF THE TEST WERE IN CERTIFYING COURTS OURY OCCUR? | e findings considered auses of death? ore City, give exoct locotion) | |
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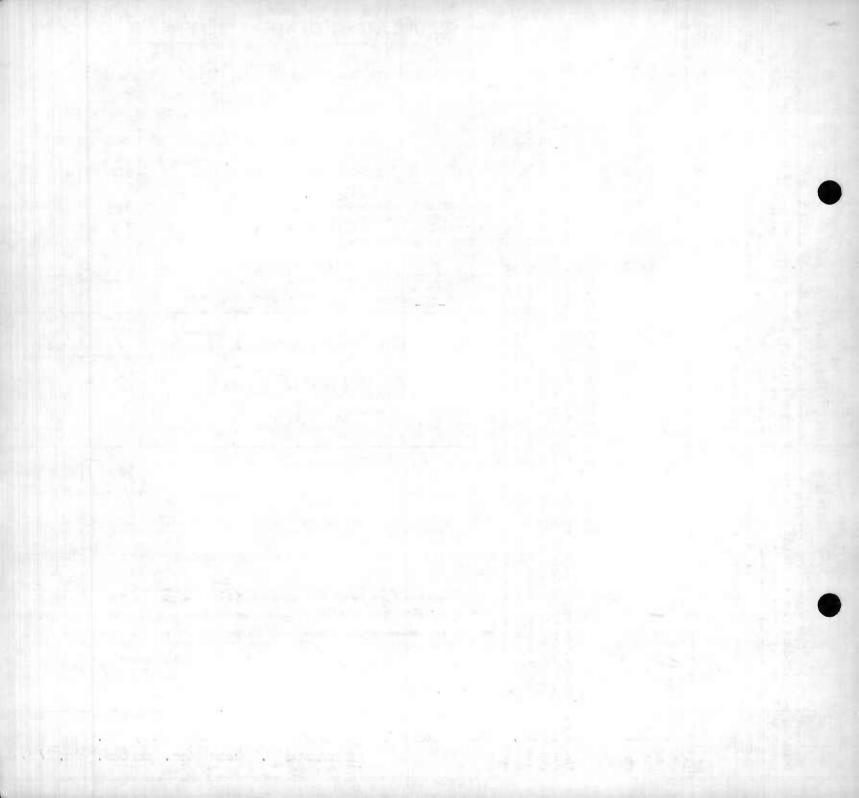
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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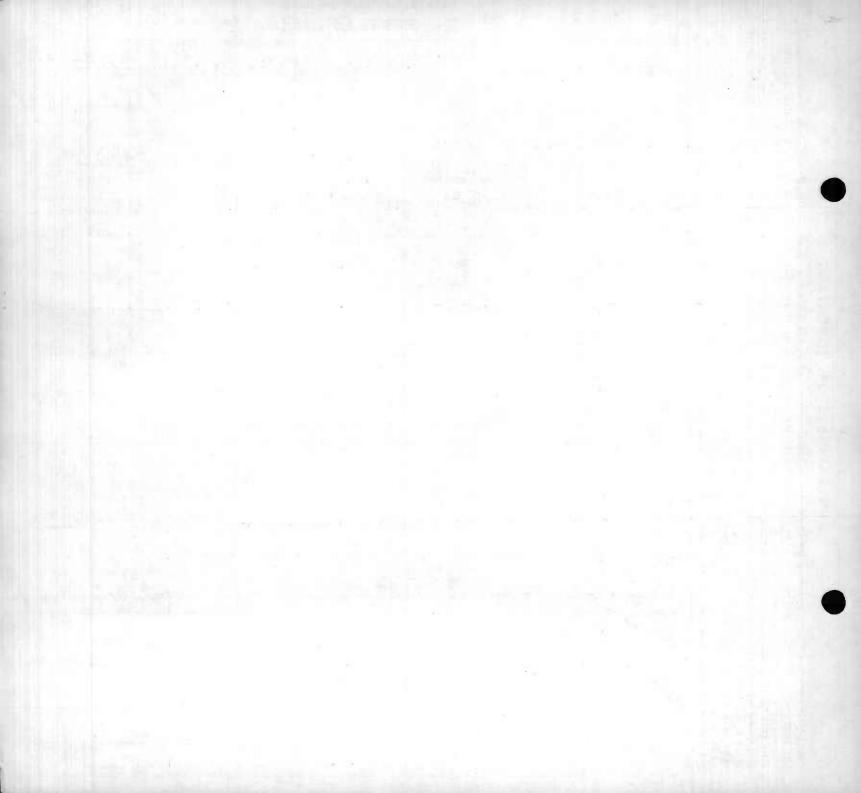
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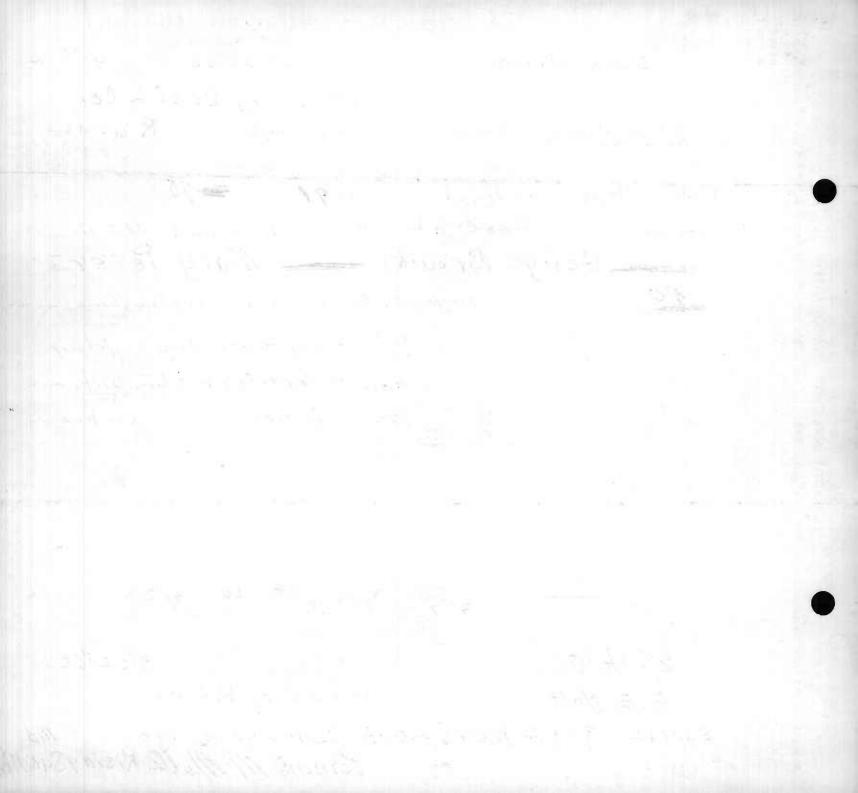
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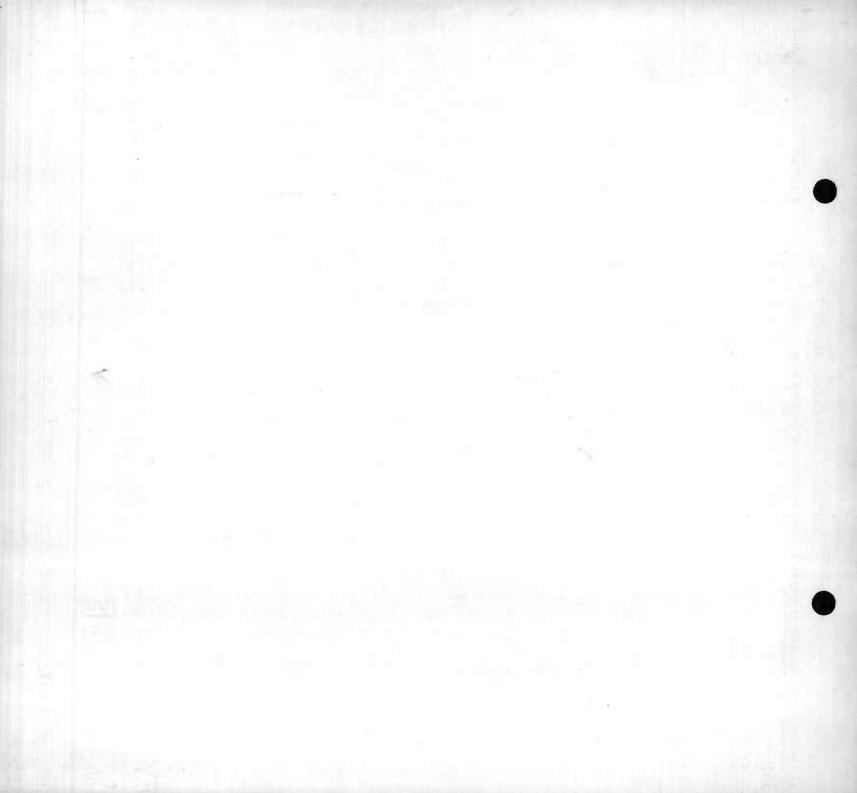
66 03062 CERTIFICATE OF DEATH BIRTH NO. 4. USUAL RESIDENCE (Where docoosed lived, If institution: residence before admission)
A, STATE
8. COUNTY C. CITY OR TOWN (If autside city limits, write RURAL and give township) Patterson Park Avenue If Under 1 Yr. If Un Manths! Days Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) may my that (I) (we) lost sow the deceased alive on Mad V4 19 66 and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED 3125766 I Sily No Win of county) .F. SADOWSKI & SONS, 1808 EASTERN AVE VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT





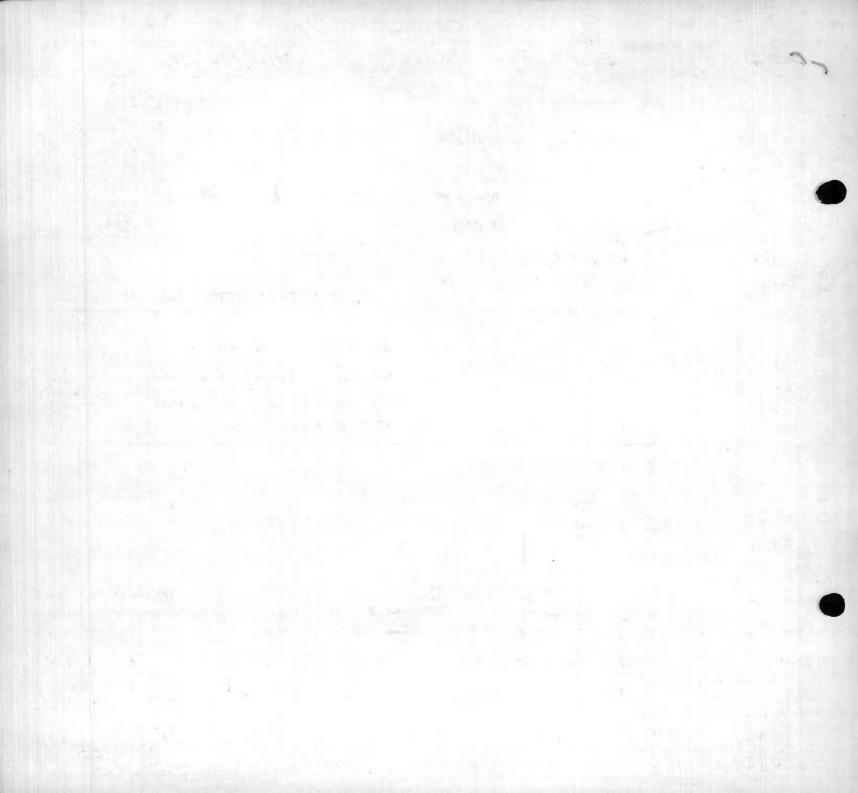
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| BIRTH NO | | 3066 CEF | RTIFICATE OF | DEATH | Registered Na. | 0000 | |
| M.E. CAS 1. NAME (Type or | OF DECEASED | | | \ | OUR OF DEATH | 7 200 | 0 |
| 3. PLACE | OF DEATH IN BALTIMORE, MA | EXRODE | 4. USUAL | | coosed lived. Il insti | tution: residence before od | mission) |
| FULL | NAME OF (If not in hospital | or institution, give street n) | C. CITY O | B. COUNTY B. COUNTY B. COUNTY CIT outside | IT. | RAL and give township) | (|
| B/ 5 | BALTIMORE | MARYLAND 2122 | D. STREET | ADDRESS (If iuro | give location) | 20-0 | 0 |
| 1 | | tosp. | 141 | 7 Rayle | 18h War | 1 | |
| | lale hite | 7. MARRIED, NEVER MA WIDOWED, DIVORCE Mari | od 4-13 | 1-21 | birthdoy | If Under 1 Yr. If Under Months Doys Hours | 24 His. Min. |
| done durin | AL OCCUPATION (Give kind of worg g most of working life, even if retired) ONE | KIND OF BUSINESS | | Virginia | outitry?" | 12. CITIZEN OF WHAT COUNTRY? | |
| | ER'S NAME | | | ER'S MAIDEN NAME | | | |
| | lenry Boyd | | | ie Tracey | | | |
| 5. Wos E Yes, no or No | Deceased Ever in U. S. Armed Fo unknown) (If yes, give wor or dote | es of service) C SECUE | Y NO. | RDS: BEH-494 | 0 Eastern | Balto. Md. | 21224 |
| 18. | 42111 | | CAUSE OF DEATH | | | INTERVAL BETWE | EN |
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| rise | ANTECEDENT CAUSES ASES OR CONDITIONS, if to fine obove couse (A) DERLYING CONDITION loss. | ony, giving sloting the | DUE TO PORTIC | leart So Volvular | Ducaso | Many y | rs, |
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| 4.5 | | DITION FOR WHICH OPE | | PTOPSY? (Yes or No) 2(IN | CERTIFYING CAUS | | |
| OR CO | ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notily medical examines) | | INJURY (e.g., in or obout 21 tory, street, office bldg., IN | IC. WHERE DID | (If m Boltimore (| City, give exact location) | |
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| | certify that (1) (this haspita (1) (we) last saw the deceas | _ 4 d | | | | on death accurred an t | |
| | haur and fram the causes sta SIGNATURE | ted above. (I) (We) (did |) (dld nat) view the ba | idy after death. | In | 38, DATE SIGNED | |
| | D. ann C | 06 | M.D. Attending Phys. | Med. Stof | | 24 M 1 | 61 |
| 23C. I | PHYSICIAN'S NAME (Type) | 1 | 23D. ADDRE | | · — | 11 | 06 |
| 24A. BUR | HOWAS + IAL CREMATION, 248. DATE OVAL (Specify) | 1. OTTER | AETERY OF CREMATORY | 10 A 1-7 . | TION (City, | Hoso town, or county) | (Stote) |
| Bur | | | Memorial | | lto. Co. | Md. | |
| 25A. DA | AR 28 1966 CO | 25B. NAME OF REGISTRA | R 25C. FU | F. Eline & | | ADDRESS terstown, Md. | |
| VS 150-R | EV. 1/1/65 | | | | | | |

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

66 43068

BIRTH NO.

VS 150-REV. 1/1/65

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| BAL | TIMORE | CITY | HEALTH | DEPARTMENT |
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66 03070

| BIRTH NO. | 03070 | CERTIFICA | TE OF DEATH | Registered Na | |
|--|--|--|---------------------------------------|-------------------------------------|--|
| M.E. CASE NO. 1. NAME OF DECEASED | J | / | 2. DATE AN | D HOUR OF DEATH | |
| (Type or Print) | | EDHAN | 3/ | 24/66 | 1000p |
| 3. PLACE OF DEATH IN BALTIF | MORE MARYLAND | | 4. USUAL RESIDENCE (When | e deceased lived. If institu | ution: residence before admission |
| FULL NAME OF (If not and the second s | n hospital or institut or location) | tion, give street | Md. B | A/to side city limits, write RUR | AL and give township) |
| 1 - | | | BAlto. | 3 me 18 | > |
| SIN | AI HOSPITA | | D. STREET ADDRESS (If | rurol, give location) | 21 |
| | | | 3524 6 | Id York & | L. |
| 5. SEX MALE 6. RACE Wh. | | RIED, NEVER MARRIED DWED, DIVORCED (specify) Marvical | B. DATE OF BIRTH | 9. AGE/lin years III | Under 1 Yr. If Under 24 Hrs onths Doys Hours Min. |
| OA, USUAL OCCUPATION (Give one during most of working life, eve | | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or forei | an country 1 | 2. CITIZEN OF WHAT COUNTRY? |
| SALESMAN | | MDSE (GROCERY) | LITHUANIA | | USA |
| 3. FATHERS NAME | | 1000000107 | 14. MOTHER'S MAIDEN NAM | AE | USA |
| | 2 | | SARAH | ? 1 | |
| 5. Was Deceased Ever in U. S. | Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | . , | ADDRESS |
| res, no or unknown) (If yes, give | war or dates of serv | SECURITY NO. | MRS. SARAH FRE | EDMAN 3524 OL | |
| 18. 4. 30 , / 1 | | CAUSE O | FDEATH | | INTERVAL BETWEEN |
| DISEASE OR COND | | -7 | - 0, | | ONSET AND DEATH |
| LEADING TO | | (A) /tev | TEMY OCARDIAL | LNFARCTION | 1 /2hr |
| (This does not meon the heart foilure, asthenia, etc. | II means the dise | e.g., DUF TO | | | |
| injury or complication whi | ch caused death.) | D. D. | Henosclendre HA | Duran | 20445 |
| ANTECEDENT | | DUE TO | 10103Canone 111 | | 7/-3 |
| DISEASES OR CONDITIO | | ving | | | |
| rise to the above co | | the (C) | | | ••••••••••••••••••••••••••••••••••••••• |
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| OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION OF THE DEATH BUT DISEASE OF CONDITION OF THE DEATH | NOT RELATED TO | | | | |
| 19A. DATE OF OPERATION | | FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINI | DINGS CONSIDERED S OF DEATH? |
| 21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH Inotify medical exam | ERLYING SE OF | 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) | or obout 21C. WHERE DID INJURY OCCUR? | (If in Boltimore Ci | ty, give exact location) |
| Q 21D. TIME (Month) (Do | y) (Year) (Hour) | 21E. INJURY OCCURRED | 21F. HOW DID INJU | JRY OCCUR? | |
| OF INJURY | | While At Not While At Work | | | |
| 22 1 | handani) maanid | | Goult . | 250 100 | 24 |
| 22. I certify that (1) (this | | 3/2/ | 20/0/ | 10 10 | 1966 |
| that (1) (we) last saw the | | on | | it in (my) (aur) apinia | n deoth accurred an the da |
| | uses stated abov | (I) (We) (did) (did nat) v | iew the bady after death. | | |
| 23A. SIGNATURE | Ekas. | sel M.D. Atte | nding Med. | Stoff Phys. | BONE SIGNED |
| 23C. PHYSICIAN'S NAME (Type) | | | 23D. ADDRESS | C. 0 | 15 |
| | E KASSEL | M.D. | 3501 StPaul | St. Valt | 0 /8, Md. |
| 24A. BURIAL CREMATION, 24B. | | C. NAME of CEMETERY OF CRE | MATORY 24D. LC | CATION (City, | own, or county) (State) |

JACOB ANSHE 25B. NAME OF REGISTRAR

24D. LOCATION (City, town, or a ROSEDALE, MARYLAND

VESHEAR RUSE DALE, MARY LAND

25C. FUNERAL DIRECTOR
SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN
RD

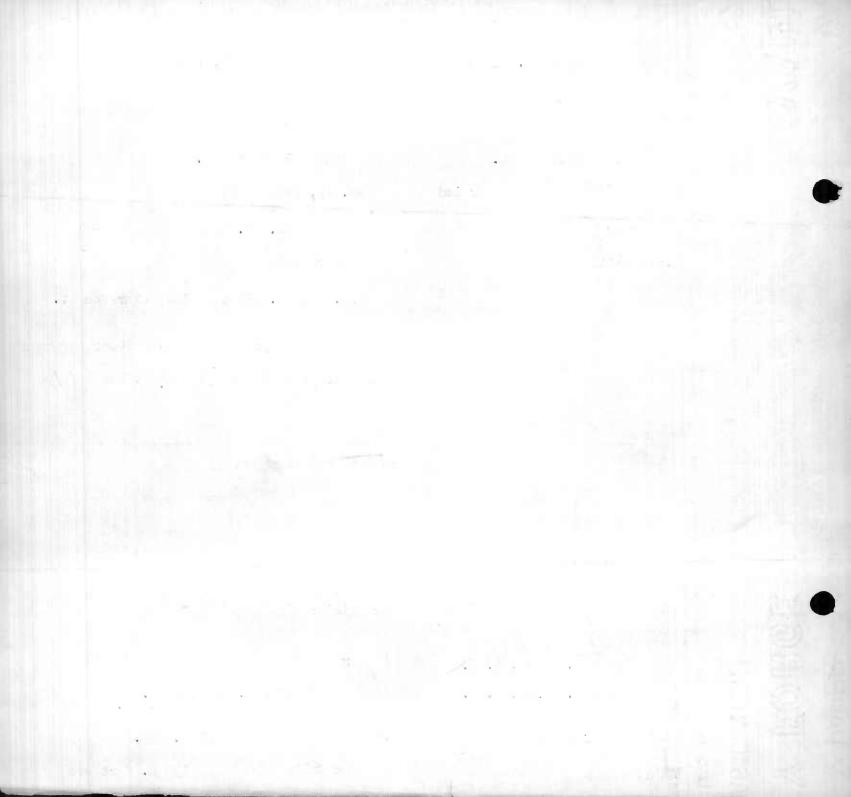
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VS 150-REV. 1/1/65

3/25/66

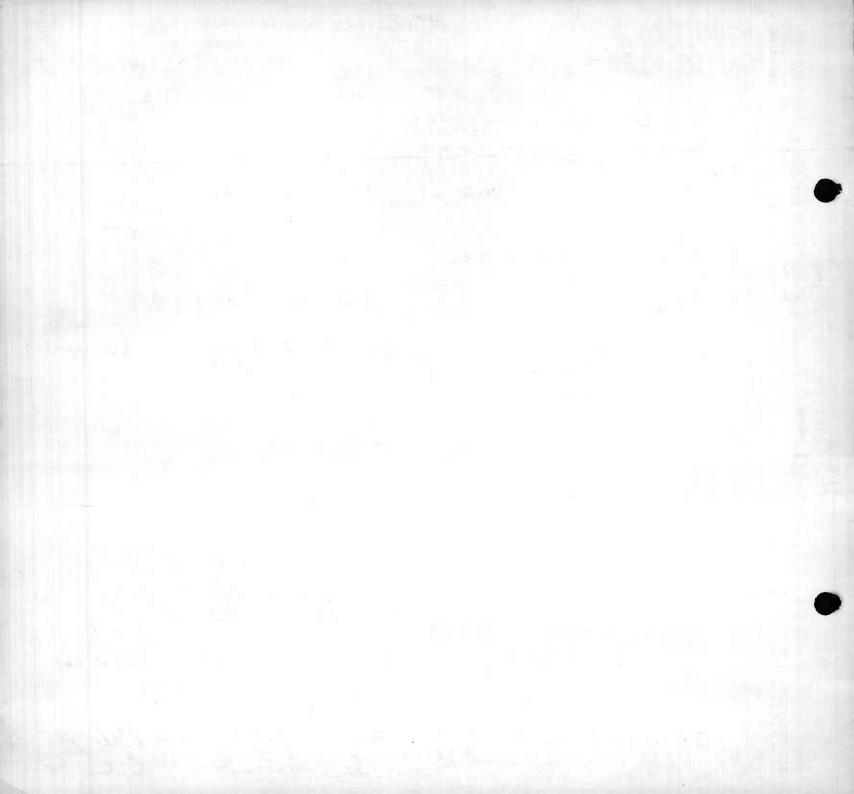
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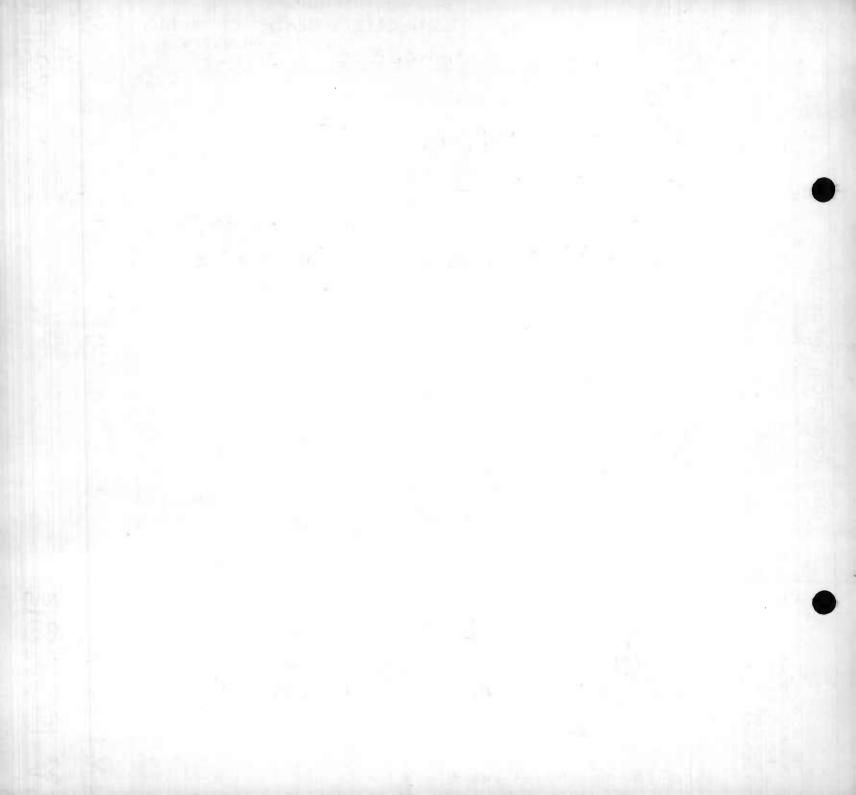
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| | 33 | 3 130 | BALTIMORE CITY I | HEALTH DEPARTMENT | | | |
|---------|--|--|--|---|-------------------------------|---|--|
| | H NO. | | | TE OF DEATH | Registered No. | 03072 | |
| 1. N/ | AME OF DECEASED | KAI | 37 | | HOUR OF DEATH | A | |
| F | | spitol or instituti | | 4. USUAL RESIDENCE (Where A. STATE B. COUNT | deceased lived. If institu | tian: residence before admission | |
| IN | NSTITUTION LEVIND ALE | HEBR. | INFIRMARY | C. CITY OR TOWN (IF outs BALT I MO O. STREET ADDRESS (IF TO | | AL and give township) | |
| 7 | BELVEDERE at G | | RING AVE. RE, Md 12115 | LEVINDALL | HOME | | |
| 5. \$1 | FW | WIDO | WED, DIVORCED (specily) | 12-14-1884 | 7 9 | Under 1 Yr. If Under 24 H anths Days Haurs Min. | |
| dane | USUAL OCCUPATION (Give kind of during most of working life, even if ref | | O OF BUSINESS OR INDUSTRY | 1. BIRTHPLACE (State or foreig | | CITIZEN OF WHAT COUNTRY? | |
| | SAMUEL SM | ULOW | | 4. MOTHER'S MAIDEN NAM | NE . | | |
| 5. W | Nos Deceased Ever in U. S. Arme ,na or unknawn) (If yes, give war a | d Forces? | 1 6. SOCIAL | 7. INFORMANT | + LEVINO. | ADDRESS | |
| 1 | 18. | | CAUSE OF | 70 | X | INTERVAL BETWEEN | |
| | DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart failure, asthenia, etc., it m injury or camplicotian which co ANTECEDENT CA OISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION las | ATH le of dying, neons the dise bused deoth.) USES il ony, giv (A) sloting | (B) | of the Rt. O. | vary | 16 month | |
| ATION | OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS | RELATED TO | | | | | |
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| 0 | 21 A. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE O DEATH (natify medical exominer) | NG 🗌 | 21B. PLACE OF INJURY (e.g., in hame, form, factory, street, afficetc.) | or obout 21 C. WHERE DID ce bldg., INJURY OCCUR? | (If in Baltimore Cit | ly, give exact lacation) | |
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| | 22. I certify that (I) (this has that (I) (we) lost sow the dec | eosed alive | ed the deceosed from on 3-24- | | | | |
| | 22. I certify that (I) (this has | eosed alive | ed the deceosed from | ew the body after deoth. | t in (my) (our) opinion | | |
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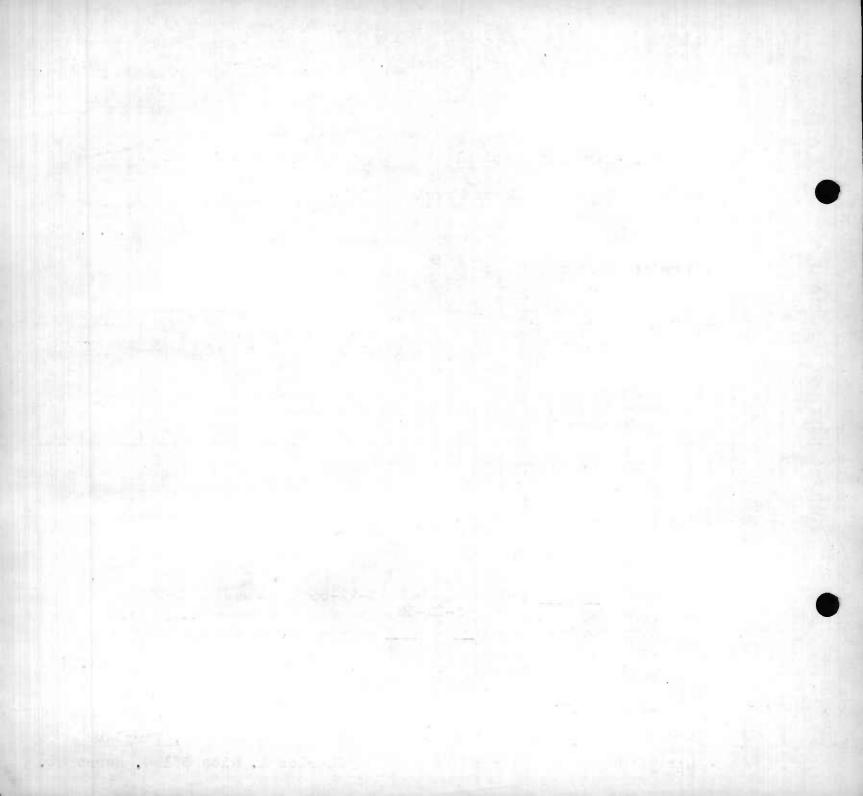


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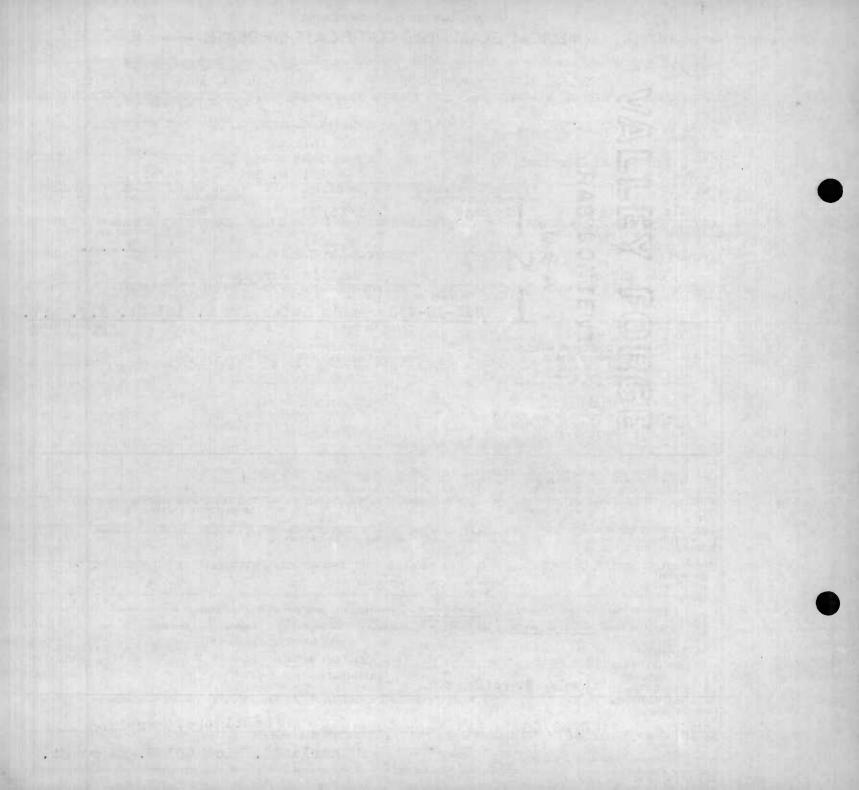
| | id. 5472 | | | BALTIMORE CIT | Y HEALTH DEPARTMENT | | |
|-------------------|--|---------------------------------------|---------------------------------|---|--|------------------------------------|------------------------------------|
| BIRTH | NO. | 6 030 | 74 | CERTIFICA | ATE OF DEATH | Registered No. | 13074 |
| 1. NAM | AE OF DECEASED | 32bn (| Sirl | CAMPBO | | 13 - GE | 1 5 A |
| B. PLA | CE OF DEATH IN BAL | TIMORE, MARY | LAND | | 4. USUAL RESIDENCE (Whe | re deceased lived. If inst | itution: residence before admis |
| HOS | SPITAL OR oddr | ot in hospitol or ess or location) | | | C. CITY OR TOWN (IF OU | itside city limits, write RL | RAL and give township) |
| U | NIVERS! | Ty t | tosp | iTAL | | rural, give location) | St-+123 |
| S SEX | 6. RACE | 7 | MARRIED, N WIDOWED, | DIVORCED (specify) | 3-12-66 | 9. AGE (In years lost birthday) | Months Doys Hours Mi |
| | SUAL OCCUPATION (Guring most of working life, | | B, KIND OF | BUSINESS OR INDUSTR | M AR Y L | ign country) - AND | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FA1 | Wilber | + 0 | Amp | SELL | 14. MOTHERS MAIDEN NA | diue | |
| S. Was Yes, no | s Deceased Ever in U. o or unknown) (II yes, giv | S, Armed Force re wor or dotes | s? of service) | 6. SOCIAL SECURITY NO. | 17. INFORMANT CHAIZT | water . | ADDRESS |
| 1B. | 27/V | 1 | | CAUSE | DF DEATH | | INTERVAL BETWEEN |
| | DISEASE OR COL | NDITION DIRE | CTLY | | 0 = 4.4 | > 1 | ONSET AND DEATH |
| | | TO DEATH | | (A) | REMATUL | 477 | 23 45 |
| DI | JULY OF COMPLICATION W ANTECEDE ISEASES OR COND SO IN THE OBOVE NDERLYING CONDIT | NT CAUSES TIONS, if or couse (A) | ıy, giving | (B) | | | |
| ATIO | THER SIGNIFICANT CO O THE DEATH BU DISEASE OR CONDITION | T NOT RELAT | | | | | |
| 197 197 | A. DATE OF OPERATIO | WAS PERFO | | HICH OPERATION | 20 A. AUTOPSY? (Yes or No | O) 208. IF YES, WERE FII | NDINGS CONSIDERED SES OF DEATH? |
| OR DE | A. ACCIDENT WAS UP R CONTRIBUTING C. EATH (notify medical ex | AUSE OF | 21 B. P home, etc.) | LACE OF INJURY (e.g., lorm, foctory, street, | in or obout 21C. WHERE DID office bldg., INJURY OCCUR? | (If in Boltimore | City, give exact location) |
| ₩ OF | D. TIME (Month) F INJURY PPROX.) | (Doy) (Year) | (Hour) 21 E. I While Work | At Not Wh | | URY OCCUR? | 15 /4 |
| | ot (1) (1) lost saw | | | deceased from 3-13- (| | 1966 to 3 | on death occurred on the |
| an | nd haur and fram the | couses state | d obove. (I) | (We) (did) (did not) | view the body after death. | | |
| | A. SIGNATURE | 1) 1 | Bel | M.D. At | tending Med. ys. Director | Stoff Phys. | 3-13-66 |
| | C. PHYSICIAN'S NAME (Type) | ARLO | , | BEL M.D | 23D. ADDRESS VERS | ity the | SPITAL |
| | URIAL CREMATION, EMOVAL (Specify) | MAR 28 | 1966 | ME of CEMETERY or C | OHNS HODKIN | OCATION - 11-1City | r town, or county) (Sto |
| 2SA. D | ATE REC'D BY HEALT | H DEPT. 2 | 58. NAME OF | REGISTRAR | 2SC. FUNERAL DIRECTO | W ODD | ADDRESS |
| | Q Q 4606 | 000 | - Q Fr | Caretta | MUKIUAK | Y SERVICE | - BCHU |



| 10 1 | 361 | | NO. 64. | 0278 | 8 | | | | HEALTH DE | | Registered | .86 : | 1307 | 5 |
|----------------|---|--------------|------------------------------------|---------------------|-----------------|---------------|----------------|------------------------------------|-------------------|---------------------------------|------------------------------|------------------|---|----------------------------------|
| 1 | D 4 D e 4 | M.E. | NO. 7 | | 66 1 | 13075 | CER | TIFICA | TE OF | DEATH | Kegistered | No | 23374 | |
| [a] | and eath ased the Such | 1. NAA | AE OF DECE | | S. | 410 | | | - | | ND HOUR OF DE | ATH | | |
| # | P. O. d. | 3. PLA | CE OF DEA | De. | bra Po | RYLAND | (Debor | an S. | POPTO: | r) 3-2 | 22-66 here deceased lived | . If institution | residence | before odmission) |
| Hospf | a hospita cause of ce; (5) Dec ndance o | НО | L NAME OF SPITAL OR TITUTION | | in hospital | | , give street | | Marv | B. COU Land | outside city limits, | 16 | 76 | |
| ns | 2 5 5 | 23 | | | | | | | Balt: | imore | f rurol, give locotio | n) | | |
| Hopkins | ting d ca d ca prio | Th | e Joh: | ns Ho | pkins | Hospi | tal | - 10 | | | ect Stree | | | |
| do | - 3 0 B B | 5. SEX | | 6. RACE | | 7. MARRIE | D, NEVER MAR | RIED (specify) | B. DATE OF | | 9. AGE (In years | | der 1 Yr. | If Under 24 Hrs. Hours Min. |
| 田 | occui ntrib rmin egul ased | Fen | ale | Neg | ro | | er Marr | | 2-2-64 | 1 | | | | |
| ns | th co | | SUAL OCCU uring most of w | | | 10B, KIND | OF BUSINESS O | RINDUSTRY | 11. BIRTHPLA | CE (State or for | reign country) | 12. C | HAT COU | NTRY? |
| Johns | iti d | 13 54 | THER'S NAM | one | | | | THE RES | Ma: | ryland s MAIDEN N. | 4445 | U | .S.A. | • |
| | if d (4) U wa the spos | 13. FA | INEK 3 NAM | | | | | | | | | | | |
| The | 4.4.4. | 15. Wo | anklir | Por | ter | ces? | 16. SOCIAL | | Delo: | res Sco | ott | | ADDRES | SS |
| E A | ssistan the d kind; deat nce or final c | (Yes, no | or unknown) | (If yes, give | wor or date | s of service) | SECURIT | NO. | | | | | | |
| to ORT | H + >00 | 18 | 491 | VI | | | | CAUSE OF | F DEATH | | - | | | AL BETWEEN |
| | his of an of an tend | | DISEASI | | DITION DIR | ECTLY | | ~ 1 | 1 | 10 | | | ONSET | AND DEATH |
| non-med | Als att | 1 1 | his does no | LEADING 1 | | dvina e a | (| A) SI | latera | 71 RE | onchopne | nwould | | - days. |
| R: | orong ar | h | eart failure, o | asthenia, el | c. It means | the disease | | 00110 | | | ' | | | 1 |
| 8 ö | frac frac o p gul | | | | T CAUSES | | (| B) | | ~~ 000 00 ~~~ 0 ~~~ ~ ~ ~ ~ ~ ~ | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| و ل | A P P P P P P P P P P P P P P P P P P P | | ISEASES O | | | | q | | | | | - 1 | | |
| DIRE | 0 3 3 - 0 | | se la lhe NDERLYING | | | slating th | е (| C) | ***************** | | | | | ********* |
| e a | edical dical rrns; rsicia was mair | | 15.7 | - 11 | | | | _ | | | | | | |
| released | medical er burns; (3 physician an was ir semains | 2 1 | THER STONIE | ATH BUT | NOT RELA | TED TO T | | | | | | | | |
| 111 | T - X W | U 19 | A. DATE OF | | 19B. CON | DITION FOR | WHICH OPER | ATION | 20A. AUT | DPSY? (Yes ar I | No) 20B. IF YES, V | VERE FINDING | S CONSIC | DERED |
| as Z | by a 2) Bod re the physic fore th | RTIFIC 19 | 2 | | WAS PERI | | | | 1 | YES | IN CERTIFYING | G CAUSES O | F DEATH? | |
| OH | | Ü 21 | A. ACCIDEN | T WAS UN | DERLYING USE OF |] 21 hc | B. PLACE OF II | NJURY (e.g., in try, street, of | or obout 21 C | WHERE DID | (If in Bo | llimore City, | jive exoct l | locotion) |
| 2- | by the pital whe whe do be | ICA | EATH (notify | medic ol exo | miner) | et | c.) | | | | | | | |
| rt -2 | - S - S 0 | 30 | FINJURY | (Month) (E | Doy) (Yeor) | | hite At | Not While | | HOW DID IN | IJURY OCCUR? | | | |
| PO 8 | a d 6 a 5 × | | PPROX.) | | | W | /ork | AT WORK | | | | | | - |
| d | | 22 | . I certify | that (I) (th | is hospital |) attended | the deceased | from | | | 19ta | | | 19 66 , |
| Debra | of of of all (h); | | | | | | 3-22 | | | | |) opinion de | oth occur | rred on the dote |
| Ch | dent of ospital death) | | A. SIGN ATU | | Ouses stor | 1) | (I) (We) (did) | (did not) v | iew the bod | y offer death | | 23 B. D | ATE SIGNE | E d |
| S IF | hos do d | | X | Lank | asX | V. | | M.D. Atte | ending | Med. Director | Stoff V | 3 | 123 | 166 |
| • [| | 23 | C. PHYSICIA | 42 | 00 | - 100 | 1 | | 23D. ADDRESS | | , | | 1 | |
| body Or. Hi | An a An a prior | | NAME (Ty | H | s S. I | Kerr | | M.D. | The S | Johns I | Hopkins ! | Hospit | al | |
| boc r | E > 4 F F | | URIAL CREA | AATION, 24 | B. DATE | 24C.1 | NAME of CEM | ETERY of CRE | | | LOCATION | | , or county | (State) |
| (1) | Sod 75: D.C ase | 90% | arial | | 3/28/ | 66 B | altimor | e Nat | ional | В | altimore | , Mary | land | |
| The by | This certithe body shows: (1) was D.O. deceased written a | 25A. I | ATE REC'D | BY HEALTH | DEPT. | 258. NAME | OF REGISTRAR | 1.0 | 25C. FUN | ERAL DIRECTO | | | ADD | DRESS |
| _ , | ませるまする | | AR Zo | 1200 | لالمالاعلة | 1 -1 - | | | Ona | T.TOS W | • IITEO C | OT M. | Dall | 0 000 |
| | | V\$ 15 |)-REV. 1/1/6 | 5 | | | | | | | | | | |



| | | | BALTIMORE CITY HEAL | | | 66 | 03076 |
|---|--|------------------------------|-----------------------------|---|---|---------------------|--|
| BIRTH NO. 66 | 130 / MEDI | CAL EX | KAMINER'S CE | RTIFICATE | OF DEATH | tegistered No | (1(21) / 13 |
| M.E. CASE NO. | | | | | | | |
| 1. NAME OF DE | | | | | ATE AND HOUR PROP | | 0 55 5 |
| trype or runn | MYRTLE | | ROBINSON | | March 23, 19 |)66 | 8:55 P |
| 3. PLACE IN BAL | TIMORE, MARYLAND, W | HERE PRONOL | UNCED DEAD | A. STATE Mary1 | (Where deceased lived | B. COUNTY | dence belore odmissio |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) | | | | | If outside corporate limi | its, write RURAL or | nd give township) |
| INSTITUTION | | | | Balti | more | 20 | -01 |
| Ron | Secour Hospi | to1 | | D. STREET ADDRESS | (If rural, give location) | | 91 |
| DOL | . Becour nospi | car | | 1810 | W. Baltimore | Street | |
| 5. SEX | 6. RACE | | | B. DATE OF BIRTH | 9. AGE (In lost birthdo | yeors If Under | r 1 Yr. If Under 24 Hr. Doys Hours Min. |
| Female | Negro | Widoweb, | DIVORCED (specify) | 7/75/00 | 64 | | Doys Hours Min. |
| | | | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | | 12. CITIZ | EN OF |
| done during most of | working life, even if retired) | | | | | | AT COUNTRY? |
| DOME 13. FATHER'S NA | stic | | | Maryland | N NAME | U. | S.A. |
| | Mason | | | | | | |
| | ED EVER IN U.S. ARMED | FORCES? | 116. SO CIAL | Nellie 1 | wurray | ADDRESS | S |
| | n) (If yes, give wor or date | | SECURITY NO. | | | | |
| | | | 219-10-4859 | Annie Smi | ith 147 W. | 131 St. | N.Y. N.Y |
| 18. [5] | 91. | | CAUSE | OF DEATH | | | INTERVAL BETWEEN |
| DISEA | ASE OR CONDITION DI | RECTLY | | | | | |
| | LEADING TO DEATH | | (A) Arte | riosclerotic | Cardiovascu | ılar Disea | ise. |
| (This does heart failure | not meon the mode of e, osthenio, etc. It meons amplication which coused | dying, e.g., the disease. | DUE TO | *************************************** | ••••• | | |
| injury or co | omplication which coused | deoth.) | | | | | |
| | ANTECENDENT CAUSE | S | | | | | |
| DISEASES | OR CONDITIONS, IF A | NY, GIVING | DUE TO | | | | |
| UNDERLY | TE ABOVE CAUSE (A) ST | IA IING THE | | | | | |
| Z | | 4 - 10 10 1 | (C) | | | | |
| VIII | 11 | | | | | | |
| O THE | SNIFICANT CONDITIONS DEATH BUT NOT REPORT CONDITION CAUSING | LATED TO 1 | | | *************************************** | | ••••• |
| 19A. DATE O | F OPERATION 198, CON WAS PER | | WHICH OPERATION | 20A. AUTOPSY? (Yes | or No. 208. IF YES, V | WERE FINDINGS OF DE | |
| ZIA. EXTERNA | AL CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., | in or obout 21C. WHERI | E DID (If in Boltimore | City, give exact le | ocotion) |
| | OR CONTRIB- | etc.) | e, form, factory, street, a | mice bidg., INJURT OC | CUR? | | |
| Z 21D TIME | (Month) (Doy) (Year | r) (Hour) [| 21E. INJURY OCCURRED | 21F HOW D | DID INJURY OCCUR? | | |
| OF INJURY | (Notonini) (Doy) (Teol | | | WHILE | JO MICORI COCCI. | | |
| | Man Harris | | WORK AT W | ORK L | | | |
| 22. | rtify that I held an I | nquiry 🗌 | Inspection X Aut | opsy ond tho | t on this bosis, dec | oth in my opinio | n |
| rası | Ited from: Notural co | uses X | Accident Suicide | e Homicide | Undetermined | d monner | |
| 1630 | Troitor co | / | Accident Ly solicitat | | CAL EXAMINER | | |
| ACTUA | L (1) / | 1 1 | 1/- | | | | DATE SIGNED |
| SIGNA | | all 1 | 1 elly M.D. | ASSISTANT MEDIC | | | 3/24/66 |
| EXAMI | | S Pet | ty, M.D. | ASSOCIATE MEDIC | CAL EXAMINER | | |
| 23A, BURIAL CR | (-) F - / | | C. NAME of CEMETERY o | CREMATORY | 23D. LOCATION | (City, town, or | county) (Stote) |
| REMOVAL (Speci | | 23 | CENTER OF CENTEREN O | . CALIFICATION | | | |
| Burial | 3/28/ | 66 | | Vational | Baltimor | e, Maryl | land |
| 24A. DATE REC'I | A | | OF REGISTRAR | 24C. FUNERAL D | IRECTOR | | ADDRESS |
| MAR | 28 1866 02 | EN E. | Stallay MA | Charles | A. Rice | 661 W. E | Barre St. |
| | | | | | | | |



and give township)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

215

If Under 24 Hrs.

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VS 150-REV. 1/1/65

Was

of death Deceased

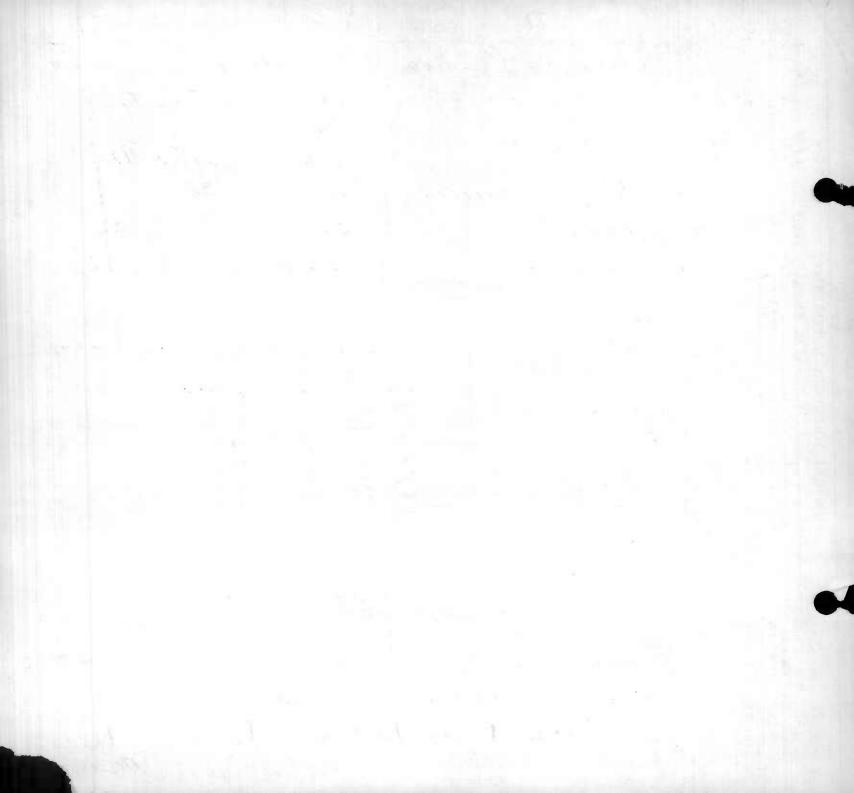
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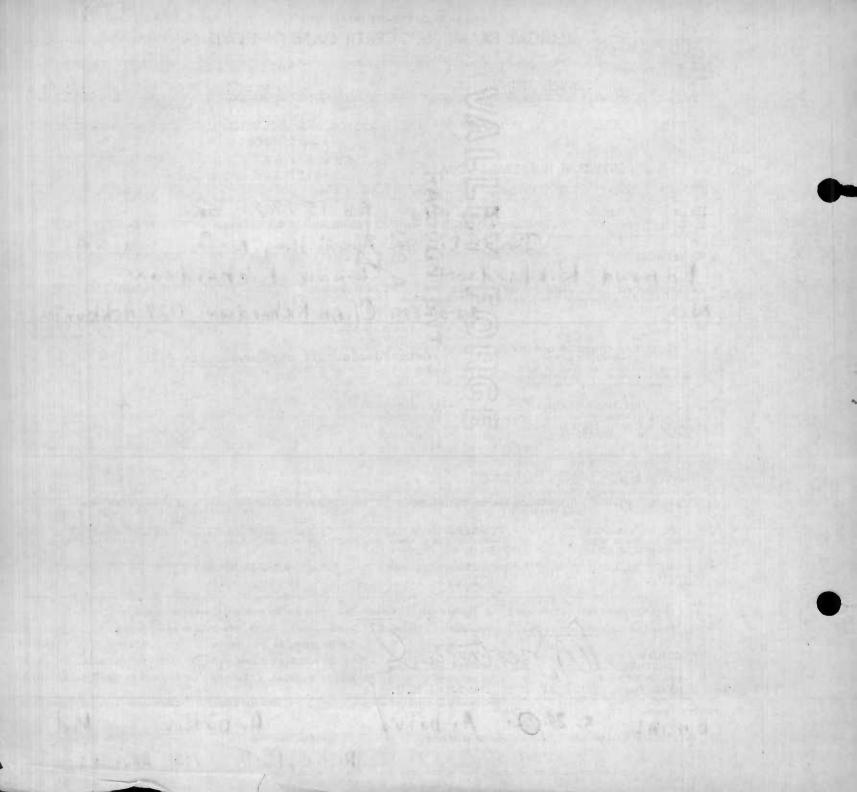
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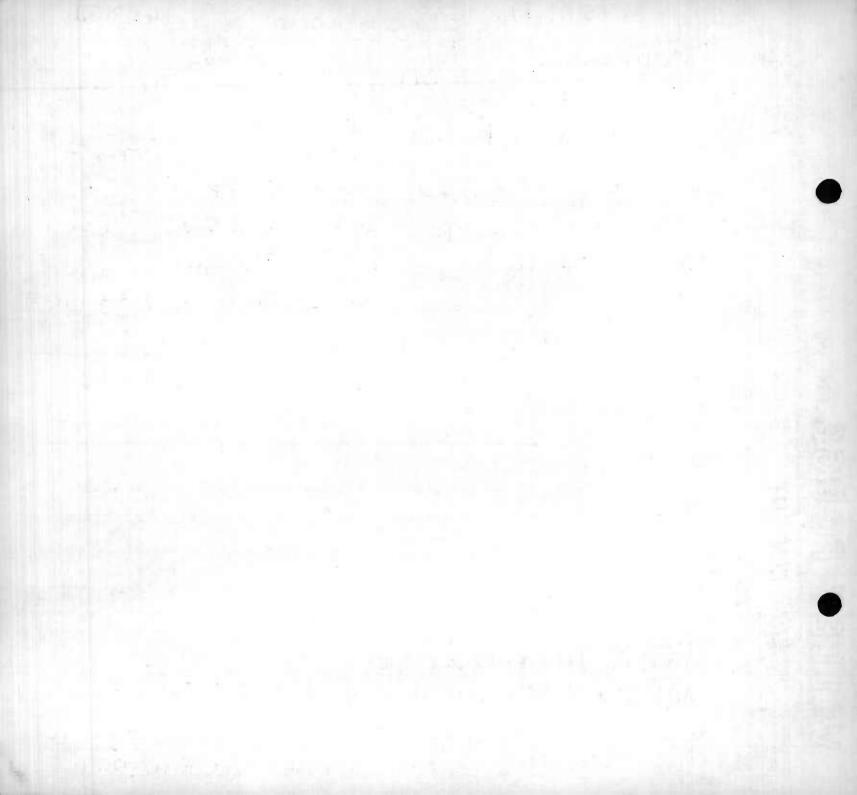
66 13077 CERTIFICATE OF DEATH Registered Na. .: M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence, A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLANE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street (If outside city limits, write RURAL Secours HospiTal D. STREET ADDRESS (If rurol, give location) If Under 1 Yr. If Und 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF 9. AGE (In years lost birthdox WIDQWED, DIVORCED (specify) Months Days lore a Marrie 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF CLUEM DIO 1/ 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical exeminer) 21 D. TME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While Not While (APPROX) At Work 22. I certify that (1) (this hospital) attended the deceased from Wash that (I) (we) last saw the deceased alive an. March - 20-19.66, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED M.D. Attending Med. Stoff Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 18001 M.D. 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) IONA



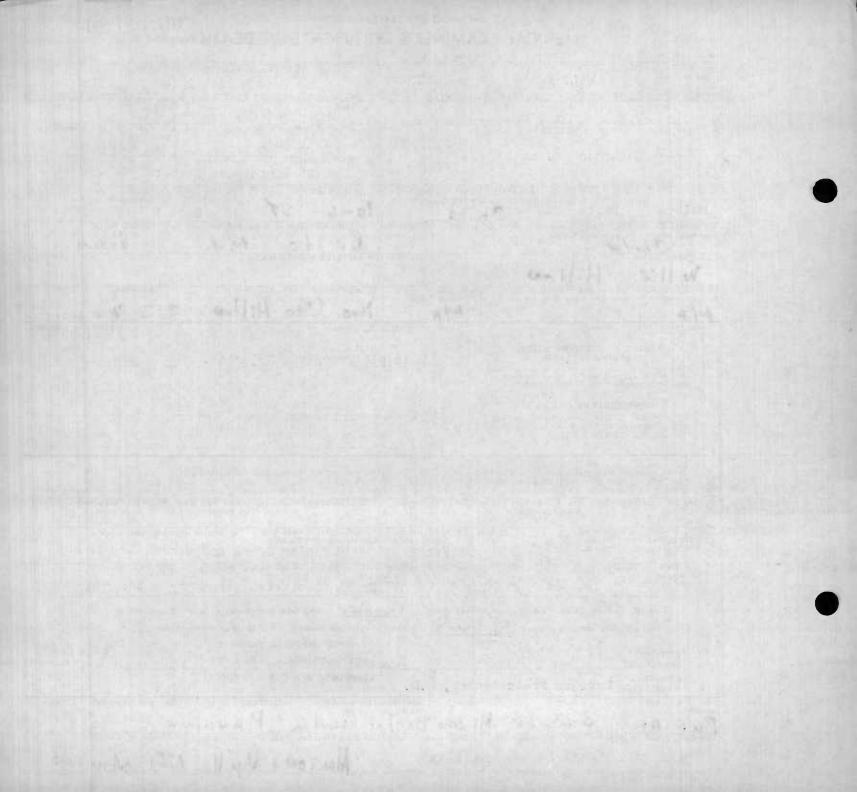
| MAL CAR NO. NAME OF DECASED JOSEPH RICHARDSON JOSEPH RADINGE MARKEARD, WHERE PRONOUNCED DEAD March 24, 1966 JOSEPH RADINGE Geometry and Joseph Richardson JOSEPH RADINGER Geometry and Joseph Richardson JOSEPH |
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| 15. WAS DECRASED EVER IN U.S. ARMED PORCES? 16. SOCIAL TOO. 2/2-07-8351 7. INFORMANT 12. INFORMANT |
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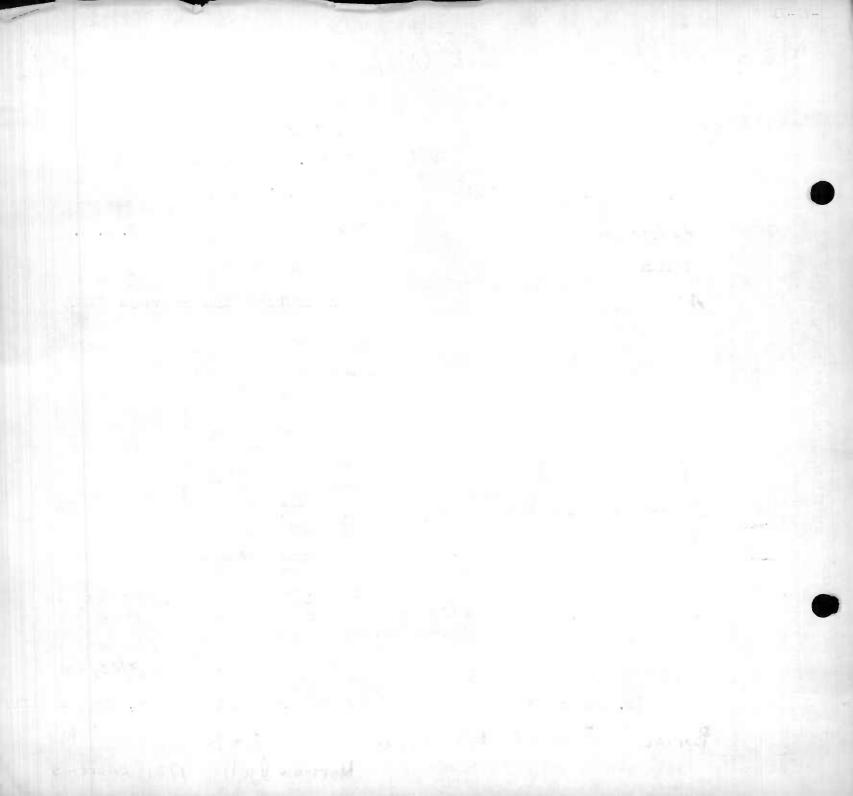
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| B. PLACE OF DEATH IN BALTIMORE, MARYLAND | | 4. USUAL RESIDENCE (Whe | re daceased lived. Il insti | tution: lasidenca balare admissio |
| | | 140 |) | 7-30 |
| FULL NAME OF (If not in haspital or institut HOSPITAL OR address or location) | ian, give street | C. CITY OR TOWN (If ou | tside city timits, write RU | RAL and give township) |
| INSTITUTION | | BALTIMORE | _ | |
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| and during mast al warking fits jeven if retired) | | D. h . s | 1 0 00 | WHAT COUNTRY? |
| tensioned CAI | Y Mary | Vickens, Son | | U. Srt. |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | | |
| Umos Wodds | hon | lexAS 151 | ASINGame | |
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| OF INJURY (APPROX.) | While At Nat Whi | | | |
| | Wark L At Wark | | 11 8 | - 1.2 |
| 22. I certify that (I) (this hospital) attend | | 1 0 | 19 66 10 5 | 19 6 |
| that (1) (we) last saw the deceased alive | an 3-25 | 19 Wo and th | at in (my) (aur) opinio | an death occurred an the d |
| and haur and fram the causes stated above | ve. (I) (We) (did) (did nat) | view the bady after death. | | |
| 23A. SIGNATURE | Δ - | | 2 | 3B. DATE SIGNED |
| Markiam U. Usu | clarity M.D. AH | ending Med. | Staff Phys. | |
| 23C. PHYSICIAN'S | | 23D. ADDRESS P | | D . A. |
| ABENGAM A COM | STAILTHOMO. | 720 ASh b. | stan St. | \$50to. M |
| 24A. BURIAL CREMATION, 24B. DATE 24 | C. NAME of CEMETERY OF CR | EMATORY 24D 1 | OCATION (City, | tawn, as county) (State |
| REMOVAL (Specily) | A CONTRACTOR OF CA | 7 + 61 | D IN | = -1 0 h 3 |
| Burial 3-31-66 | mont Olive | ion stery & | semulle | Douth Coulen |
| 25A, DATE REC'D BY HEALTH DEPT. 25B, NA | | | | |
| | ME OF REGISTRAR | 25C. FUNERAL DIRECTOR | | - ADDRESS |
| MAR 28 1905 (12.0 5 2 | Tollway | the moston | H F. Hepl | 1701 Lawen |



| 1. | E. CASE NO. NAME OF DE | | ALTER | | HILTON | | | te and ho | | NOUNCED DE | | 50 A |
|---------------------|--|--|---|--|---|--|---|---|---|--|--|----------------------------|
| 3. | PLACE IN BAL | TIMORE, MAR | YLAND, WHERE | PRONOUNC | ED DEAD | 4. USUAL A. STATE | RESIDENCE (| Where dece | ased lived | d. If institution: | residence before | ore admission) |
| FU HC | LL NAME OF | (IF NOT I | N HOSPITAL OR | OITUTITZMI | ON, GIVE STREET | C. CITY O | | outside corp | | its, write RURA | L and give to | wnship) |
| 1 | | Luthera | n Hospita | a 1 | | | Baltimo | | 1 () | 101 | 2/ | |
| 9 | | | | | | D, SIKEEI | 2926 Wi | | _ | treet | | |
| | sex Male | 6. RACE | WIDO | | VER MARRIED ORCED (specify) | 10 - C | F BIRTH 5 | 1 9 | AGE (In | yeors If U | nder 1 Yr. If I | Jnder 24 Hrs. aurs Min. |
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| Ye | , no ar unknow | n) (If yes, give | wor or dotes of s | service) | SECURITY NO. | Nus | Clea | 14:11 | 40 | 2926 | Wind | artan ST |
| 7 | 18. | 104 | | | CAUS | E OF DEAT | Н | 11111 | 0,10 | 77700 | | L BETWEEN |
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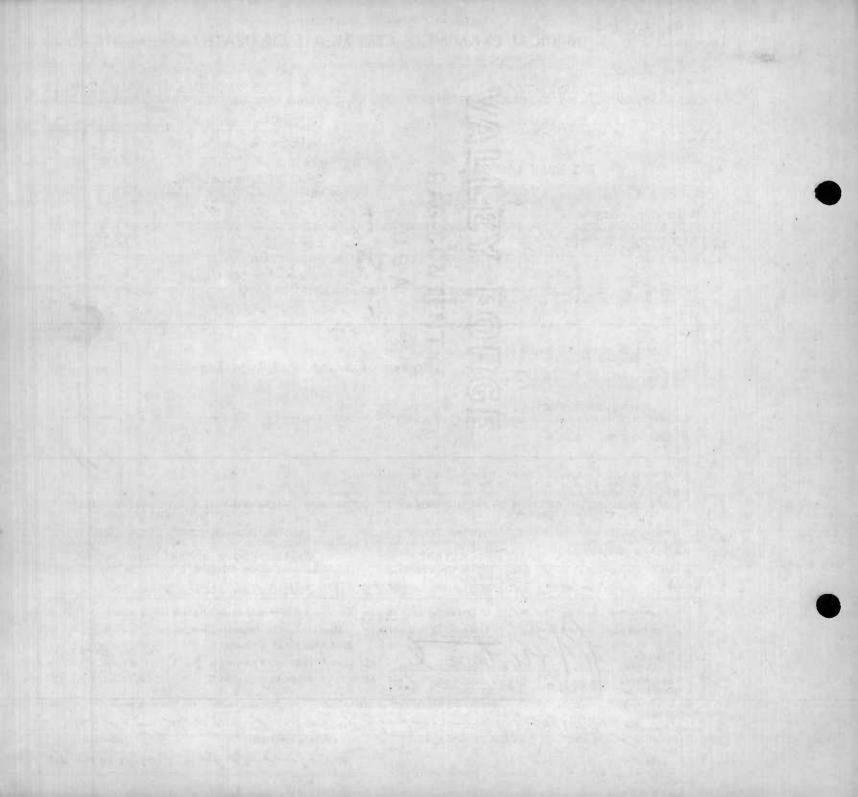
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| ME CAN HO THANKE OF DECEASED RODNEY HATFIELD RODNEY HA | | 00 0 | SUCC | CALEY | A A A IN LEDIC C | COTICIOAT | E OF DEATHS | (33) | 113095 |
|--|------|----------------|---------------------------|---------------|------------------------|--------------------------|---|--------------------|----------------------|
| LANAR OF DECEASED 2.01 P March 24, 1966 2.10 P March 24, 196 | BIRT | H NO. | MEDI | ICAL EX | AMINER 5 C | EKTIFICAT | E OF DEATH Registe | red No. | |
| Type of Pinel RODNEY HATFIELD RACE IN BALTIMORE, MARKLAND, WHER PENDOUNCED DEAD LUTHERAN HOSPITAL BULL NAME OF DEATH LUTHERAN HOSPITAL SEE Maryland C. CIT OR TOWN (if outbide cognote limits, wells. RURAL and give location) Bull north of Death LUTHERAN HOSPITAL SEE Male Negro J. MARKED, NEVER MARKED, WHER MARKED, WIDDERS OR INDUSTRITL BETHERASES (iii north, give location) BALL ULL OCCUPATION (ii) we had a won'd be lawned of both seen to be located of the lawneship) BALL ULL OCCUPATION (ii) we had a won'd be lawned of both seen to be located of the lawneship) BALL ULL OCCUPATION (ii) we had a won'd be lawned of the lawneship) BALL ULL OCCUPATION (ii) we had a won'd be lawned of both seen to be located of the lawneship) BALL ULL OCCUPATION (ii) we had a won'd be lawned of both seen to be located of the lawneship) BALL ULL OCCUPATION (ii) we lawneship) BALL ULL OCCUPATION (iii) we lawneship) BALL WAS DECEASED VER IN U.S. ARMED FORCES? BALL MOTHER MADER NAME AND EACH AND FOR WHICH OF BALL OCCUPATION (iii) we lawneship) BALL MOTHER MADER NAME BALL MOTHER MADER NAME AND EACH AND FOR WHICH OF BALL OCCUPATION (iii) we lawneship) BALL MOTHER MADER NAME BALL MOTHER MADER NAM | | | | | | | | | |
| County C | (Ťy | pe or Print) | | | | | | | 10 5 |
| MATY LAND OF MASTITUTION ADDRESS OR LOCATION MICHET MASSES OR LOCATIO | 2 6 | | | | ALICE DE LA | The section protection | | | :10 P _M . |
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| LUTHERAN HOSPITAL LUTHERAN HOSPITAL D. STREET ADDRESS (II hard, give location) 2932 Winchester St. S. RACE MONOWORD AND CONCRED (specify) Male Negro Negro No. Abstreen merker marking No. April 19 Septiments of the distribution of the distribut | FUI | L NAME OF | | | TION, GIVE STREET | | | PILPAL and avec | 6-0 |
| LUTHERAN HOSPITAL D. STREET ADDRESS III until, give location 2932 Winchester St. 2947 Winc | HO | SPITAL OR | ADDRESS OR LOCA | (TION) | | | | NO KAL ONG GIVE | 10 Wilstips |
| ANTECENDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This deeps of ROM could find the part of the | 1 | | | | | | | | |
| S. SEK S. RACE T. MASRIED, NEVER MARRIED S. DATE OF BIRTH S. AGE (In years Hunder 17 to 11 Under 24 Hin. Months) Days Hours Months, Days Hours Hours Months, Days Hours Months, Days Hours Hours Months, Days Hours Months, Days Hours Months, Days Hours H | 9 | | LUTHERA | AN HOSPI | TAL | | | | |
| Male Negro Male Negro | | | | | | | | | |
| Male Negro Discussion occurrent of the control of | 5. S | EX | 6. RACE | | | | last birthdoy) | | |
| S. WAS DECASED EVER IN U.S. ARMED FORCES? S. SOCIAL SECURITY NO. SECURITY N | | Male | Negro | 0 | | APRIL | 14-1958 7 | | |
| 1. MOTHER'S NAME 1. MOTHER'S MAIDEN NAME | | | | OB KIND OF | BUSINESS OR INDUSTRY | 1 | | | NTDV? |
| A CATHER'S NAME A CATHER'S | | | ENT | BB Sei | YOOLS | BALTO | m 1) | 1 1 | - |
| NAS DECEASED EVER IN U.S. ARMED FORCES? Ves, no or unknown (III yes, give wor or doles of semice) CAUSE OF DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not mean the mode of dying, e.g., head leiving, estimated, incl. If means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. TO THE THE DISEASE OR CONDITION COURSED IN CREME TO THE DISEASE OR CONDITION COURSED IN | | | IE | | | 14. MOTHER'S M. | AIDEN NAME | | |
| S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | | 2 | LUMNOWN | | | MABE | L HATFIELD | | |
| B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH | | WAS DECEASE | D EVER IN U.S. ARMED | | | | | ADDRESS | |
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| Content Cont | | 18. E | 124 | | CAUSE | OF DEATH | | | |
| This does not meen the mode of dying e.g., head indive, estenio, etc. I mones the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITION CAUSING IT. 194. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH? YES 21A, EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UNDERLYING CONTRIB- HORD THE DISEASE OR CONDITION CAUSING IT. 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, sheet, office bidg, INJURY OCCUR? 21D TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection Autopsy (APPROX.) 22. I certify that I held on Inquiry Inspection Autopsy (APPROX.) ACTUAL SIGNATURE EXAMINER'S Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAM | | DISEAS | | | | | | | |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A). STATING THE UNDERLYING CONDITION LAST. (C) IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITION CAUSING IT. (C) IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITION CAUSING IT. (C) IN OTHER SIGNIFICANT CONDITION CAUSING IT. (C) IN OTHER SIGNIFICANT CONDITION CAUSING IT. (C) IN OTHER SIGNIFICANT CONDITION CAUSING IT. IN OTHER SIGNIFICANT CONDITION CAUSING IT. (C) IN OTHER SIGNIFICANT CONDITION CAUSING IT. IN OTHER SIGNIFICANT CONDITION CAUSING IT. IN OTHER SIGNIFICANT CONDITION CAUSING IT. (C) IN OTHER SIGNIFICANT CONDITION CAUSING IT. IN OTHER SIGNIFICANT CONDITION CAUSE OF DEATH. YES VES YES YES YES IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CAUSE OF DEATH? YES OTHER SIGNIFICANT CONDITION CAUSE OF DEATH. IN OTHER SIGNIFICANT CONDITION CAUSE OF DEATH? YES OTHER SIGNIFICANT CONDITION CAUSE OF TOOL OF | | (This does n | | | (A) Broken | back and | head injuries | | |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION WAS PERFORMED YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION FOR WHICH OPERATION YES UNDERLYING OR CONTRIBUTION 19.8. CONDITION 19.8. ALL OF THE MEDICAL EXAMINER 19.8. AL | | heart loilure, | osthenio, etc. It meons | the diseose. | DOE 10 | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) | | | | | | | | | |
| NISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (D) (A) (Tyes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH? Yes Yes Yes Yes Yes Yes Yes Ye | | | | | (B) | | *************************************** | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YeS | | RISE TO THE | E ABOVE CAUSE (A) ST | | DUE 10 | | | | |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boldimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 3-24-66 11: 35 WHILE AT NOT WHILE X Pedestrian struck by auto 22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural couses Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER RUDGE RU | 7 | UNDERLTIN | IG CONDITION LAST. | | (C) | ************************ | | | |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boldimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 3-24-66 11: 35 WHILE AT NOT WHILE X Pedestrian struck by auto 22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural couses Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER RUDGE RU | ō | | li . | | | | | | |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Nome, form, foctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) 3-24-66 11: 35 WHILE AT NOT WHILE X Pedestrian struck by auto 22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural couses Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER 3-25-66 | X | | NIFICANT CONDITIONS | | | | | | |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boldimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 3-24-66 11: 35 WHILE AT NOT WHILE X Pedestrian struck by auto 22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural couses Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER RUDGE RU | FF | | | | HE | | | | |
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| UTING CAUSE OF DEATH. CAUSE OF DEATH. Colory, street Poplar Grove and Winchester St. | Ö | 2 | WAS PER | FORMED | | Yes | | SES OF DEATH? | |
| OF INJURY (APPROX.) 3-24-66 11:35 WHILE AT NOT WHILE Pedestrian struck by auto 22. I certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined monner ACTUAL SIGNATURE NAMINER ACSISTANT MEDICAL EXAMINER ACSIGNATURE EXAMINER'S Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER 3-25-66 | × | | | 21 B. | PLACE OF INJURY (e.g., | in or obout 21C. W | VHERE DID (If in Boltimore City, g | ve exoct location) | |
| OF INJURY (APPROX.) 3-24-66 11:35 WHILE AT NOT WHILE EXAMINER Pedestrian struck by auto 22. I certify that I held on Inquiry Inspection Autopsy Industrial Management of the struck | N | UTING CAU | SE OF DEATH. | | | | | nchester | St |
| 3-24-66 11:35 Company 3-24-66 11:35 Company Suicide Pedestrian struck by auto 22. | Z | 21 D TIME | (Month) (Dov) (Year | r) (Hour) 12 | | | | Henebeer | 50. |
| Certify that I held on Inquiry Inspection Autopsy Autopsy Ond that on this bosis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined monner | 18 | OF INJURY | | | | | | | 6-07 |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) Inspection Autopsy X and that on this bosis, death in my opinion Autopsy X and that on this bosis, death in my opinion Autopsy X and that on this bosis, death in my opinion OHIEF MEDICAL EXAMINER DATE SIGNED 3-25-66 | | | 3-24-00 | TT. 37 | ORK AT W | ORK | edestrian struck i | y auto | 0 - 1 |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) Resulted from: Natural couses Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 3-25-66 | | | ify that I held on I | nquiry 🗌 | Inspection Au | topsy X one | that on this basis, death in a | my opinion | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) CHIEF MEDICAL EXAMINER DATE SIGNED 3-25-66 | 2 | resul | ted from: Natural co | uses A | | | de Undetermined monn | er 🗌 | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. ASSISTANT MEDICAL EXAMINER 3-25-66 | | | 1/1/ | 1 - | 1 | | | | |
| EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER | | | | Mil | us V. | ACCICTANT M | | DAT | E SIGNED |
| NAME (Type) [Rudiger Brettenecker, M.D. | | | | 0000 | J | • | | 3-25-6 | 6 |
| | | | | r Breite | enecker, M.D. | ASSUCIATE M | EDICAL EXAMINEK | | |
| | | BURIAL CRE | MATION, 238 DATE | 23 | C. NAME OF CEMETERY | CREMATORY | 23D. LOCATION (City | , town, or county) | (Stote) |
| REMOVAL (Specify) 3/28/66 manten Arbenters But me 21227 | RE/ | VOVAL (Specify | 13 /sele | 6 - | 2 Atom | -A. 1. T. | Butone | 2122 | 7 |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS | 244 | DATE REC'D | BY HEALTH DEPT. | 24B NAME | OF REGISTRAR | 24C. FUNER | | | |

man for Player 138 & Coumon St

VS 151-REV. 1/1/65



N 352

BIRTH NO. M.E. CASE NO.

1. NAME OF DECEASED

3. PLACE IN BALTIMORE

IDA. USUAL OCCUPATION LABORE N 13. FATHER'S NAME

FRANK 15. WAS DECEASED EVER (Yes, no or unknown), (If yes,

> DISEASE OR LEAD

(This does not med heart foilure, osthen injury or complication

DISEASES OR CO RISE TO THE ABOV UNDERLYING CO

326 N. St

FULL NAME OF HOSPITAL OR

5. SEX

Male

NO

CERTIFICATION

| CEASED | | | | 2. DATE AND | HOUR PRONOUNCE | D DEAD | | |
|---|----------------------|--|--------------------|------------------------------|---|-------------------|-------------------------------|--|
| JAMES | F. | WHITING | | Mar | ch 23, 196 | 6 , 9 | :00 P M | |
| (IF NOT IN HOSPITA ADDRESS OR LOCA | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | | | | |
| N. Stricker St | | D. STREET ADD | | give locomon) icker Stree | t | | | |
| 6. RACE Negro | WIDOWED, D | NEVER MARRIED DIVORCED (specily) A / E D | Nov 2 | 1-1900 | 00 | Months Doys | If Under 24 Hrs Hours Min. | |
| CUPATION (Give kind of work I working life, even if retired) 2 6 L | BUSINESS OR INDUSTRY | Gloves. | State or foreign | | 12. CITIZEN OF WHAT COL | UNTRY? | | |
| ME NY W1412 | | | EHAR | LOTTE | | | | |
| (If yes, give wor or dote: | | 16. SOCIAL SECURITY NO. | MATT! | Ew | HITING | 326 No | Strick | |
| I ASE OR CONDITION DIR LEADING TO DEATH not meon the mode of e, ostherio, etc. It meons | dying, e.g., | | oscleroti | c Cardi | ovascular D | ONS | RVAL BETWEEN ET AND DEATH | |
| ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. | S NY, GIVING | (B) | | | | | | |
| II GNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING | ATED TO TH | IG | | | | | | |
| | DITION FOR V | VHICH OPERATION | | | OB. IF YES, WERE FIN N CERTIFYING CAUS | | ERED | |
| AL CAUSE WAS | 21 B. I | PLACE OF INJURY (e.g., i | n or obout 21 C. V | HERE DID | f in Boltimore City, giv | re exact location | | |

OTHER SIGNIFICANTO THE DEATH DISEASE OR CONE

19A. DATE OF OPERA

21A, EXTERNAL CAUS UNDERLYING OR CO UTING CAUSE OF E

21D TIME (Month) (Doy) (Year) OF INJURY (APPROX.)

121E. INJURY OCCURRED WHILE AT NOT WHILE 21F. HOW DID INJURY OCCUR?

22. I certify that I held an Inquiry ___

Inspection X

Autopsy

and that an this basis, death In my opinion

resulted fram: Natural causes X Accident Suicide

(Hour)

Hamicide __ CHIEF MEDICAL EXAMINER

Undetermined manner

ACTUAL elle SIGNATURE EXAMINER'S Charles S. Petty, M.D.

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 3/24/66

NAME (Type) 23A, BURIAL CREMATION. REMOVAL (Specify)

23B. DATE

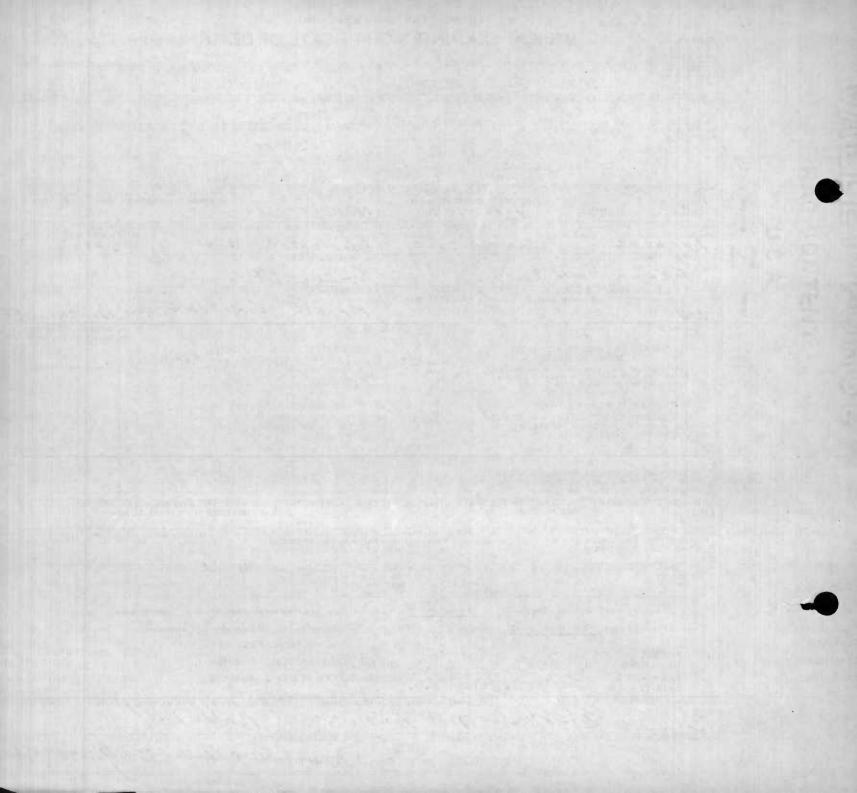
23C. NAME of CEMETERY of CREMATORY BUBURN 23D. LOCATION

(Stoto)

24A, DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR

VS 151-REV. 1/1/65

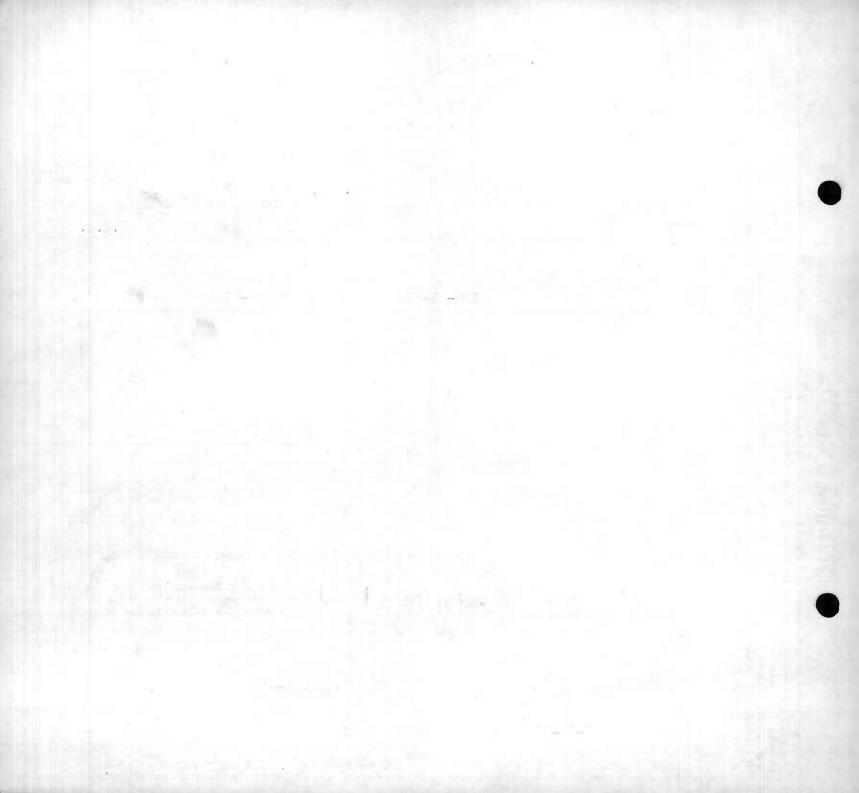


IMPORTANT

DIRECTOR:

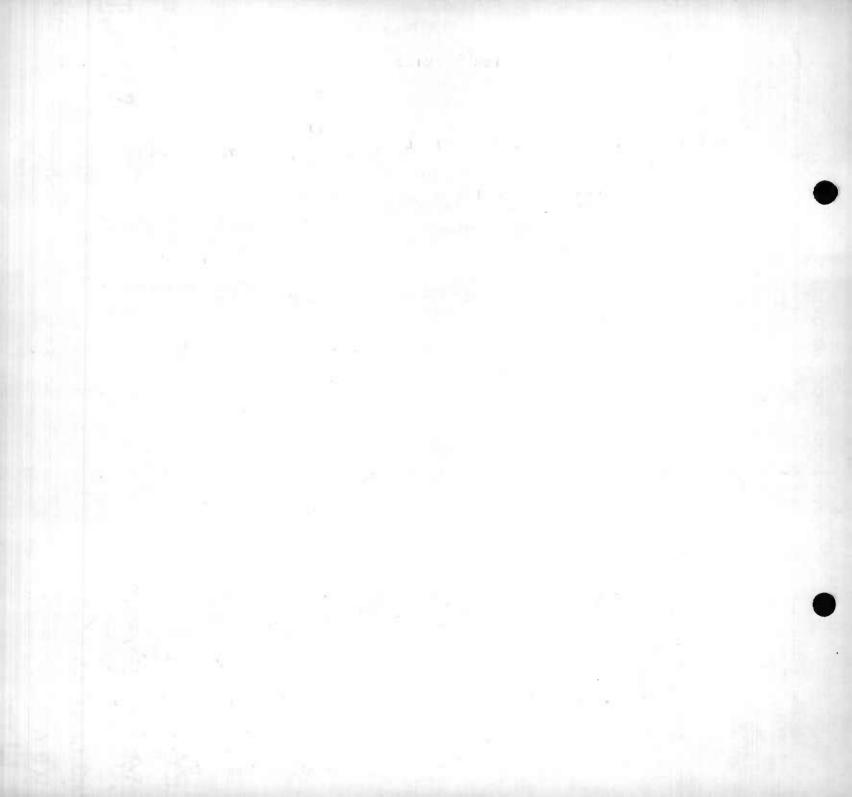
FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. 66 U3U84 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH MARCH 25. 1966 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)
A. STATE
B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township BALTIMORE D. STREET ADDRESS (If rurol, give location) 1426 DRUID HILL AVENUE 9. AGE (In years 8. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours OCT. 28, 1903 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. ANNAPOLIS, MARYLAND 14. MOTHER'S MAIDEN NAME ADDRESS GLADYS JOHNSON - 1426 DRUID HILL AVE. INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that In(my) (aur) apintan deoth occurred on the date and haur and from the causes stated above. (1) (We) (did) (tild nat) view the bady after death. 238, DATE SIGNED Med. Director 24D. LOCATION (Stote) (City,) town, or county) ANNAPOLIS, MARYLAND 25C. FUNERAL DIRECTOR ADDRESS CHARLES R. LAW 802 MADISON AVE

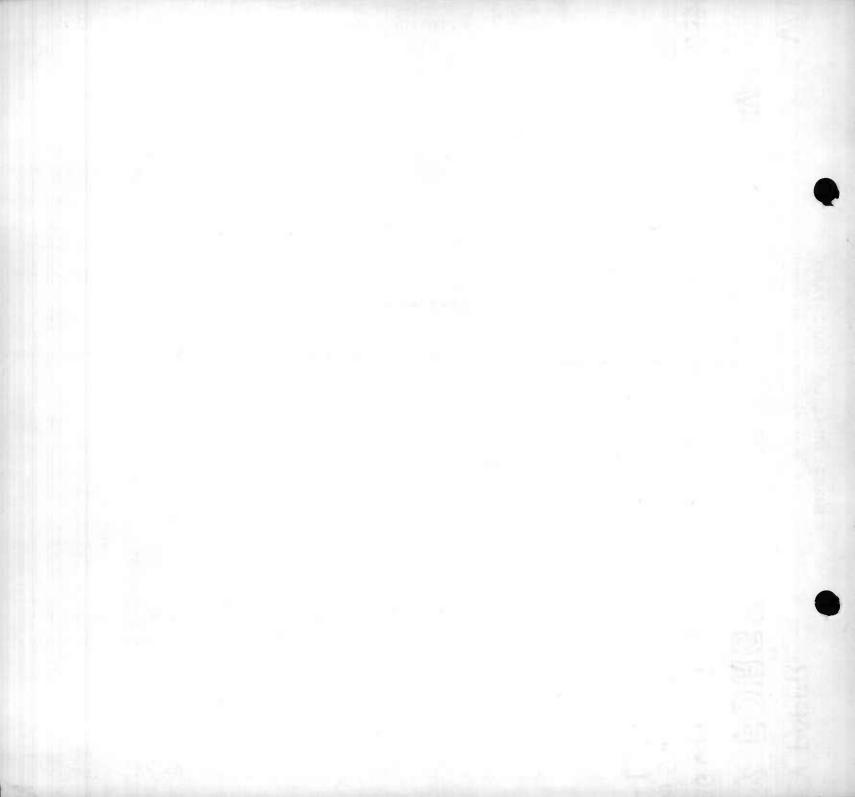


| BALTIMORE | CITY | HEALTH | DEPARTMENT |
|-----------|------|--------|------------|
|-----------|------|--------|------------|

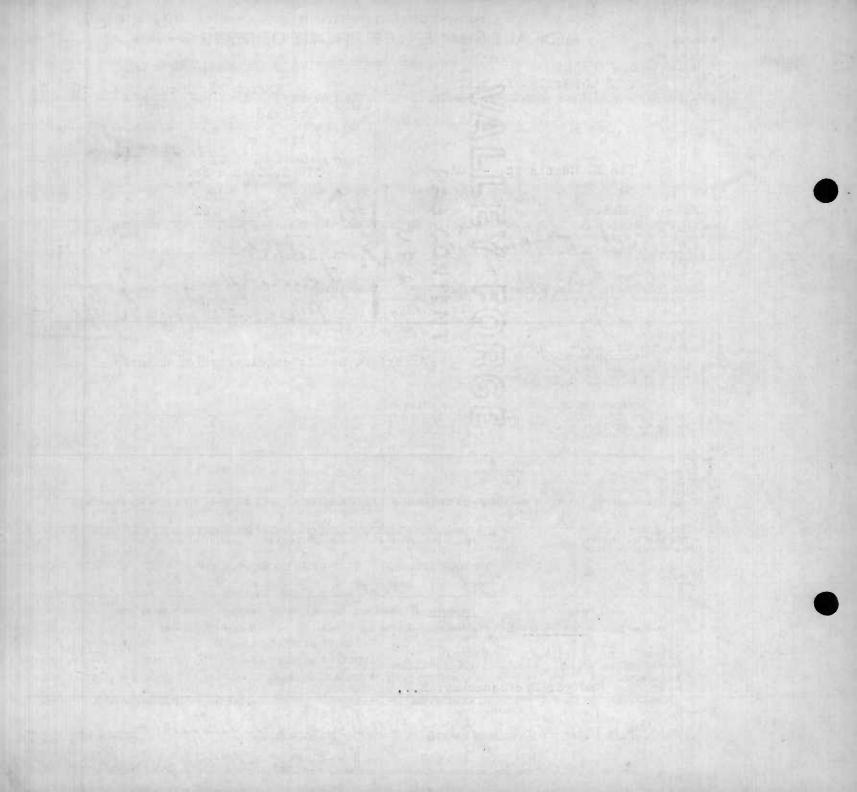
| BIRTH NO. | 00 00 | | ATE OF DEATH | Registered No | 66:03085 | | |
|---|--|--|--|---------------------------------------|---|--|--|
| N.E. CASE NO. | CEASED OO | Δ. | 2. DATE A | ND HOUR OF DEAT | Н | | |
| Type or Print) | ER | EDERICK HAWKINS | 3_ | 24-66 | 1 8:30 P | | |
| PLACE OF DE | ATH IN BALTIMORE, MA | | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY | | | | |
| FULL NAME C | | or institution, give street | MARYLAND | | Band. | | |
| HOSPITAL OR | oddress or locotio | n) | C. CITY OR TOWN (If o | utside city limits, wiit | e RURAL and give township) | | |
| 7 | | | BALTIMORE | | | | |
| 5 TH | HE JOHNS HO | PKINS HOSPITAL | D. STREET ADDRESS (III | rusol, give locotion) LLYN AVEN | NUE | | |
| 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. , If Under 24 Hr | | |
| MALE | NEGRO | MARRIED (specify) | 7-20-80 | 85 | Months Doys Hours Min. | | |
| | UPATION (Give kind of work working life, even if retired) | 108. KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (State or for | eign country) | 12. CITIZEN OF WHAT COUNTRY? | | |
| | working the, even it remed) | Construction | Panama (Canal | Zone) | U.S.A. | | |
| Rigger 3. FATHERS NA | AAE | Constitueeron | 14. MOTHERS MAIDEN NA | | | | |
| ? | WE | | ? | W.E | | | |
| 5. Was Deceosed Yes, no or unknown NO | l Ever in U. S. Armed For n) (If yes, give wor or dole | rces? es of service) 16. SOCIAL 218-10-6168 | 17. INFORMANT 2028 Mrs. Bessie Ha | Llewellyn . | Avenue ADDRESS | | |
| 18, // | 5000 | CAUSE | OF DEATH | | INTERVAL BETWEEN | | |
| Zieri | 30,0 | *FOTIV | 4 1 | | ONSET AND DEATH | | |
| DISEA | SE OR CONDITION DI | RECTLY | and by | 1 | 100 Matter | | |
| (This does | | (A) 1k | y wary you | wy GA | DIVIVIUS | | |
| | nal mean the made af asthenia, etc. It means | | and | revoil | 40 | | |
| | mplication which caused | | e IM | -0 -1 - 4 - 0 - | 1 1000 1 1000 | | |
| | ANTECEDENT CAUSES | JB) | _ V / | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0/124 1001 | | |
| | | DUE TO | | | U | | |
| | OR CONDITIONS, if | | 20011111100 | 1 41 | a.le | | |
| | e above cause (A) G CONDITION last. | staling the (C) | veocoov | | 00-12 | | |
| | 0 00110111011 1001. | | | | | | |
| E TO THE D | IFICANT CONDITIONS (DEATH BUT NOT REL CONDITION CAUSING | ATED TO THE PARTY OF | ix mulon | entrit | is yrs | | |
| 19A. DATE OF | | IDITION FOR WHICH OPERATION | 20A. AUTO (917 (Yes of N | | RE FINDINGS CONSIDERED CAUSES OF DEATH? | | |
| OR CONTRIB | NT WAS UNDERLYING DETERMINED TO THE CONTROL OF WASHINGTON TO THE CONTROL OF THE C | 218. PLACE OF INJURY (e.g., home, foim, foctory, street, etc.) | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? | IIf in Boltin | nore City, give exact location) | | |
| 0 21 D. TIME | (A411) (D) (V) | (Hour) 21E INJURY OCCURRED | 215 110 11 212 111 | 11124 0 0 0 1 1 2 2 | | | |
| 21 D. TIME OF INJURY | (Month) (Doy) (Yeos) | | 21F. HOW DID IN | JORY OCCUR! | | | |
| (APPROX) | | White At Not Wh | | | 1 | | |
| | | | 1175 | 11 | 2/90 /1 | | |
| 22. I certify | that (1) This haspita | l) attended the deceased fram | 14-143 | 19 0 to | 0167 1963 | | |
| that (Wave) | last saw the decease | ed alive an E 130pm 3/ | 24 19 00 and t | hat in (my) (aur) o | pinian death accurred an the d | | |
| | | | | | | | |
| | | ted abaye (() (We) (did) (did not) | view the body after death. | | | | |
| 23A STONATI | URE (| 0 () | | | 23B. DATE SIGNED | | |
| Kn | 114 / | M.D. AL | tending Med. | Staff Phys. | 317-4-161 | | |
| 23C. PHYSICIA | ANS X | provide in | 23D, ADDRESS | 11/31 | J. C.K | | |
| NAME (| Type) |)_ | | | | | |
| Barr | | rle M.D | 550 N Broadw | ay, Balt | imore, Md | | |
| 4A. BURIAL CRE | MATION, 248 DATE | 24C. NAME of CEMETERY of C | | | (City, town, or county) (State | | |
| Burial | 3-28-6 | 66 Mt. Calvary Ceme | tery BA1 | timore, Mar | ryland | | |
| SA. DATE REC'D | BY HEALTH DEPT. | 258. NAME OF REGISTRAR | 25C, FUNERAL DIRECTO | | | | |
| 1613-11 | 20 1500 07 0 | L. S. S. Sta. Cantal | The state of the s | | ord rive. | | |
| S 150 PEV 1/1/ | | in S. E. Salley MA | Marshall W. | | ord nve. | | |



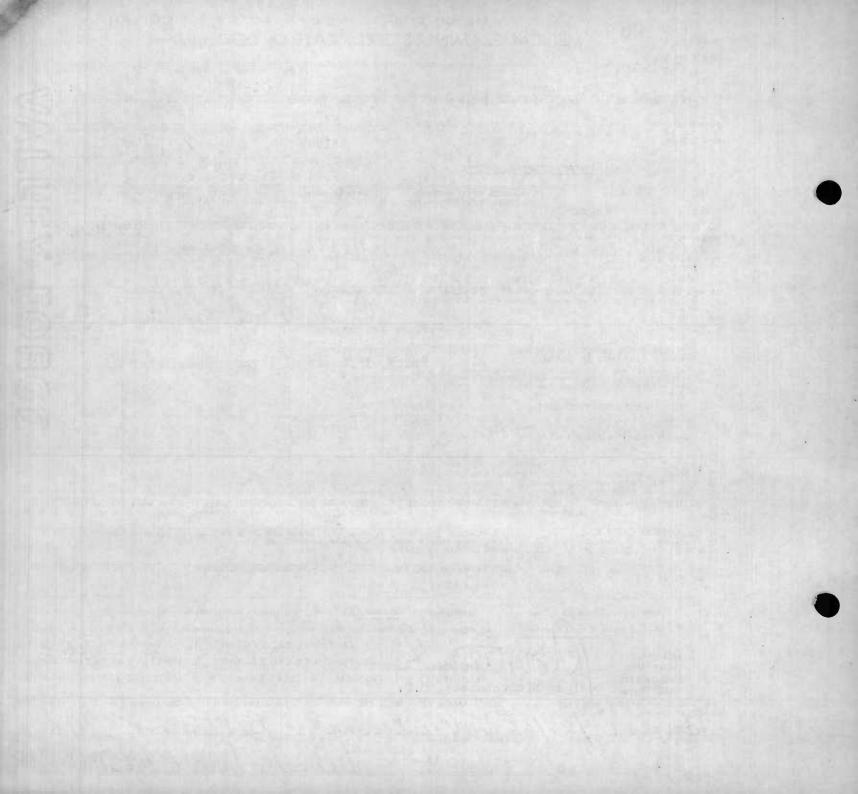
| 66 U308 | BALTIMORE CITY | HEALTH DEPARTMENT | | 00 50000 |
|--|--|-------------------------------|------------------------------------|---|
| | CERTIFICA | TE OF DEATH | Registered No. | 66 03086 |
| M.E. CASE NO. 1. NAME OF DECEASED | | 2, DATE A | ND HOUR OF DEATH | 1 |
| (Type or Print) MARY E, | SAUERER | | | 6 10:30 A. |
| 3. PLACE OF DEATH IN BALTIMORE MARYLAND | DEALKER | 14. USUAL RESIDENCE (Who | Je deceased lived If | institution residence before admissi |
| | | A. STATE B. COU | YTY | institution: residence before admissi |
| FULL NAME OF (If not in hospital or institu | ution, give street | MARYLAND | | 0-01 |
| | | C. CITY OR TOWN (H ou | staide city limits, write | RURAL and give township) |
| LITTLE SISTERS | OF THE TOOK | BALTIMOR | | |
| D 1200 VALLEY ST | RISET | D. STREET ADDRESS (IF | rural, give location) | |
| BALTIMORE M. | APVI DUD 217071 | 1200 VALLE | STREE | |
| SEX 6. RACE 77. MA | AKILITIVO SISOS | | T | |
| , MIT | RRIED, NEVER MARRIED DOWED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | Months Doys Hours Min |
| FEMALE WHITE | WIDOWED | 2-10-1880 | 86 | |
| DA. USUAL OCCUPATION (Give kind of work) 10B, KII | ND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| one during most of working life, even if retired) | | 0. | | |
| HOUSEWIFE | | BALTIMORE. | 170, | U.S.A. |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| EREDENIE R. | | A.L.CA T | - 1/ | |
| FREDERICK DAU | ER 16. SOCIAL | ANNA F | · Voiet | ADDRESS |
| 5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (It yes, give wor or dotes of ser | vice) SECURITY NO. | | | 1000 1/1011 EV |
| No | 113-09-1211 | LITTLE SISTER | PS AETHE PA | OR BALTIMORE, N |
| 18. | CAUSE | F DEATH | 120111510 | INTERVAL BETWEEN |
| 1/0/ | CAUSE O | DEATH | | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | ((| Peute ony Co of | 10 000 - I de | 1 7 |
| LEADING TO DEATH | (A) | | o cour a corp | Wheeler |
| (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis | e.g., DUE TO | k | | 6 |
| injury or camplication which caused death.) | ouse, | (a) | 1/ | 4 |
| ANTECEDENT CAUSES | (B) | 04 | 11. Onecer | 6 |
| | DUE TO | / | | |
| DISEASES OR CONDITIONS, if any, | | | | |
| rise to the above cause (A) stating UNDERLYING CONDITION lost. | The (C) | | | |
| ONDERCTINO CONDITION 1031. | | | | |
| _ | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT. | UTING | | | |
| DISEASE OR CONDITION CAUSING IT. | | | | |
| 19A. DATE OF OPERATION 19B. CONDITION | | 20A. AUTOPSY? (Yes or N | o) 208. IF YES, WERE | FINDINGS CONSIDERED AUSES OF DEATH? |
| WAS PERFORMED | , | | IN CERTIFIENG CA | AUSES OF DEATH? |
| 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., i | n or obout 21 C. WHERE DID | (If in Boltimo | ore City, give exact location) |
| OR CONTRIBUTING CAUSE OF | home, form, foctory, street, o | | | |
| DEATH (notily medical examiner) | etc.) | G | | |
| 21D. TIME (Month) (Doy) (Year) (Hour) | 21E INJURY OCCURRED | 21F. HOW DID IN. | JURY OCCUR? | |
| \$ | While At Not Whil | e [] | | |
| (APPROX) | Work At Work | | | |
| 22. 1 certify that (1) (this hospital) atten | ded the deceased from | | 10 65 10 / | novel 25 1960 |
| | Mars / 21 | | | |
| that (i) (we) lost saw the deceased alive | VII | | not in (my) (our) op | oinian death occurred on the |
| and hour and from the causes stated abo | ve. (I) (We) (did) (did not) v | iew the body after death. | | |
| 23A. SIGNATURE | 1 1 | | | 23B. DATE SIGNED |
| Hand 11/ | M.D. And | ending - Med | Stoff . | 3 25 / 1 |
| Jeanly In | | ending Med. Director | Stoff Phy s. | 0.20.00 |
| 23C.PHYSICIAN'S | | 23D. ADDRESS | | _ |
| NAME (Type) | 1 ANULUSAS MA | 1802 W. BAL | TIMORE ST | BALT MA |
| | HNKUDAS M.D. | 1002 W. DAI | - I IMORE DI | , 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 4A. BURIAL CREMATION, 24B. DATE | 4C. NAME OF CEMETERY OF CRI | MATORY 24D. | OCATION 1 | City, town, or county) (State |
| RENOVAL (Specify) 3/28/66 | 1. 1. 1 (ldn | Margare 1 | 1) alltin | 100 |
| surval 1/20/00 | 17.00g Vuga | eerner, & | 1 CERTIVIV | will |
| MAR 28 1968 P. D. A 238 N | AMAR DE REGISTIKAN | 25C FUNERAL DIRECTO | R 7/2 | ADDRESS 20 |
| MAK ZO 1900 Che st Zh | A Harris | 1 Haillin | Horwall | Dans, Chotha. |
| | WIN TARY I'I JUST | | 11000 | - VINC CALLERY |
| 'S 150-REV. 1/1/65 | The state of the s | | | 7 |



| BIRTH NO. MEDICAL EXAMINER'S CE | RTIFICATE OF DEATH Registered No. | | | | |
|--|---|--|--|--|--|
| M.E. CASE NO. | | | | | |
| 1. NAME OF DECEASED (Type or Print) TOYAL CUID TOWARD TANDED | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| JOHN CHRISTIAN LAMBERT | March 25, 1966 7:00 Am. | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission A. STATE Maryland | | | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | | |
| HOSPITAL OR ADDRESS OR LOCATION) | Baltimore | | | | |
| | D. STREET ADDRESS (If rurol, give locotion) | | | | |
| 516 N. Castle St DOA | 516 N. Castle St. | | | | |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH / 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. | | | | |
| Male White WIDOWED, DIVORCED(specify) | Months Doys Hours Min. | | | | |
| a divinice | TOM 9 9 4 62 NY. BLAZHPLACE (Stole or foreign country) 12. CITIZEN OF | | | | |
| done daring most of working life, even if retired) | WHAT, COUNTRY? | | | | |
| 13. FATHER'S NAME | 14 MOTHER'S MAIDEN NAME | | | | |
| On for the | Path a Dans | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS 6 // M. | | | | |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | m. Opril E. 1. 1 0 3,16/11; | | | | |
| 110 212-09-998 | IVID Morgaret urby castlest | | | | |
| IB. 24 | OF DEATH INTERVAL BETWEEN ONSET AND DEATH | | | | |
| DISEASE OR CONDITION DIRECTLY | | | | | |
| LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO | osclerotic cardiovascular disease | | | | |
| heart failure, asthemia, etc. It means the disease, injury or complication which coused death.) | | | | | |
| | | | | | |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | | | | | |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | | | |
| | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | | |
| DISEASE OR CONDITION CAUSING IT. | | | | | |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | |
| | no obout 21C. WHERE DID (If in Boltimore City, give exact location) | | | | |
| UNDERLYING □OR CONTRIB- home, form, foctory, street, of | fice bldg., NJURY OCCUR? | | | | |
| 3 | | | | | |
| OF INJURY | 21F. HOW DID INJURY OCCUR? | | | | |
| (APPROX.) WHILE AT NOT W WORK AT WC | VHILE D | | | | |
| 22. Certify that I held on Inquiry Inspection Auto | opsy and that on this basis, death in my opinion | | | | |
| resulted from: Notoral couses X Accident Suicide | | | | | |
| 1/10 | CHIEF MEDICAL EXAMINER | | | | |
| ACTUAL () X 0 T 1 T 1 | ASSISTANT MEDICAL EXAMINER X | | | | |
| SIGNATURE EXAMINER'S | ASSOCIATE MEDICAL EXAMINER 3-25-66 | | | | |
| NAME (Type) Rudiger Breitenecker, M.D. | ASSOCIATE MEDICAE EXAMINEN | | | | |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF | CREMATORY 23D. LOCATION (City, town, or county) (Stote) | | | | |
| REMOVAL Specify 3/28/66 Louden | Park (poltman | | | | |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS 2024 | | | | |
| MAR 28 1958 (7.0. 4.8 Fr. Comes | (D):10) (prusing - 10 000 | | | | |
| The state of the s | They reway som cheanos | | | | |
| VS 151-REV. 1/1/65 | 1 | | | | |



VS 151-REV. 1/1/65



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VS 150-REV. 1/1/65

State of Lines

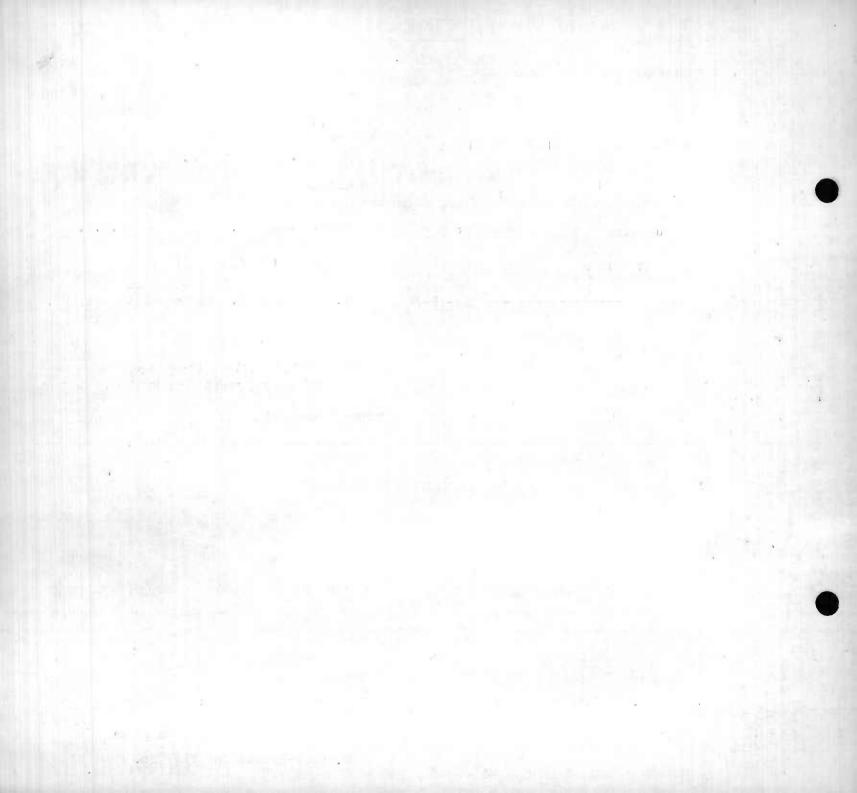
BIRTH NO.

M.E. CASE NO.

the body was released to the hospital deceased prior was D.O.A. written ap shows: (1)

VS 150-REV. 1/1/65

| (Type or Print) MARGARET JOHNSON 3. PLACE OF DEATH IN BALTIMORE MARYLAND FULL NAME OF Oddress or location) INSTITUTION THE JOHNS HOPKINS HOSPITAL | | | March 25, 1966 4:00 Pm. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rurel, give location) 1711 N. CHAPEL ST. | | | | | | | | |
|--|---|---|--|------------------------------------|---------------------------------------|--|----------------------|--|------------------------------|---------------------------------|--|
| | | | | | | FEMALE WH | | WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | 8. DATE OF BIRTH 10-28-90 | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| | | | | | | OA, USUAL OCCUPATION lone during most of working li | fe, even if retired) | KIND OF BUSINESS OR INDUSTRY | Cumberlar | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| | | | | | | Housewife Own Hor | | Own Home | 14. MOTHER'S MAID | | U.S.A. |
| HENRY ZI | NK | | | IE (Unknown) | | | | | | | |
| 5. Was Deceased Ever in Yes, no or unknown) (If yes, | U. S. Anned Forces? give wor or dotes of | | Mrs. Elizabeth E. Brannen Baltimore, Md. | | | | | | | | |
| No | · · · · · · · · · · · · · · · · · · · | 218-18-7692 CAUSE O | 1 | beth E. Brannen | INTERVAL SETWEEN | | | | | | |
| | ONDITION DIRECT | LY | | | ONSET AND DEATH | | | | | | |
| (This does not mee | IG TO DEATH | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | EBRAL THRO | MBOSIS | 24 hours | | | | | | |
| heart failure, astheni | , etc. It means the | diseose, Gen | | itation from | severe ection months | | | | | | |
| ANTECE | DENT CAUSES | (B) DUE TO | OILO GLIII | Ly olaco lili | SCOTOII MOILCIIS | | | | | | |
| DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. | | | row depres | sion | months | | | | | | |
| O THER SIGNIFICANT TO THE DEATH DISEASE OR CONDIT | BUT NOT RELATED | TRIBUTING TO THE | | | | | | | | | |
| 19A. DATE OF OPERA | 198. CONDITION WAS PERFORM | ON FOR WHICH OPERATION | 20 A. AUTOPSY? (Ye | 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? | | | | | | |
| OR CONTRIBUTING | CAUSE OF | 21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) | n or obest 2TC. WHERE | DID (If in Boltimor | e City, give exact location) | | | | | | |
| 21D. TIME (Month | (Doy) (Year) (H | Out) 21E. INJURY OCCURRED While At Not While At Work | e | DID INJURY OCCUR? | | | | | | | |
| 22. I certify that (1 that (1) (We) lost so | | tended the deceased from March 25 | March 2 5 | and that in (my) (NEX 35) | arch 25 66 | | | | | | |
| ond haur and fram to | | above. (I) (WE) (did) (did) (did) M.D. Att. Phy | ending Med. | stoff Intern | 238 Date signed ne March 25, 196 | | | | | | |
| 230. PHYSICIAN'S NAME (Type) | eigh Thom | | 23D. ADDRESS | hns Hopkins I | Hospital | | | | | | |
| 24A. BURIAL CREMATION REMOVAL (Specify) | 1, 248. DATE | 24C. NAME of CEMETERY OF CR | | | ity, town, or county) (State) | | | | | | |
| Burial | 3/29/66 | | | Cumberland, Ma | | | | | | | |
| 25A. DATE REC'D BY HEA | | NAME OF REGISTRAR | Wm . Cook - | Brooks Inc 1217 | St. Paul St imore, Md. 21202 | | | | | | |
| MEAN 40 IS | 1313 (SE 1113 17º | P. W. B. Bake M. R. | | Dalt | THOLE, TIU. ZIZOZ | | | | | | |



VS 150-REV. 1/1/65

III.COTE, CASY COME 1.77 CO. 20 1. .71. A SWETTE PE Towns Inc. Issue Line 13.192.19 1.297E9 57 VSU - XX VV

IMPORTANT

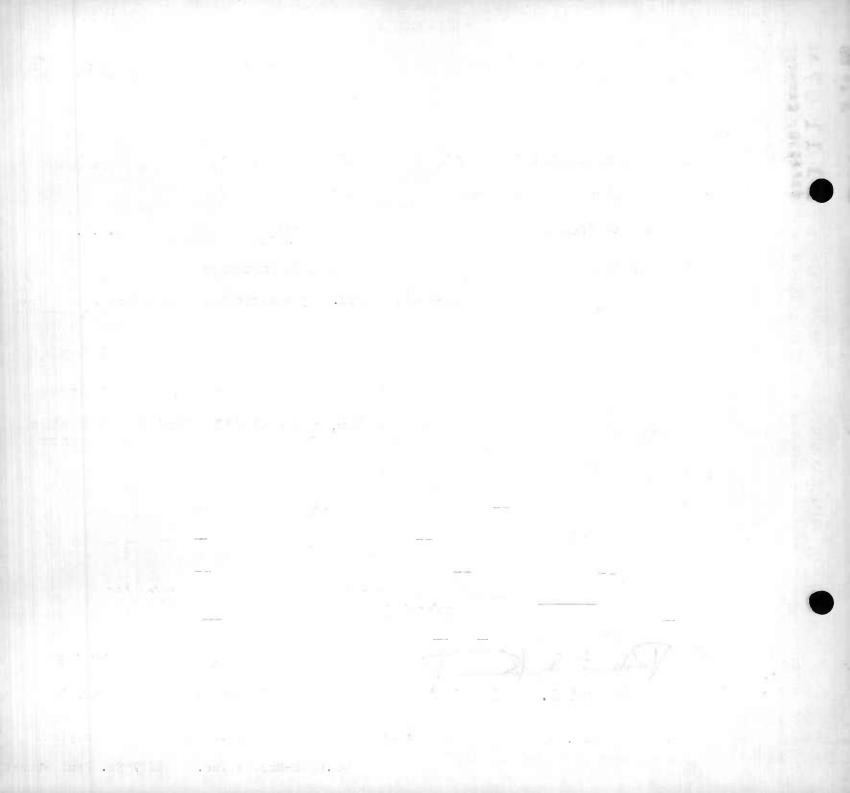
DIRECTOR:

FUNERAL

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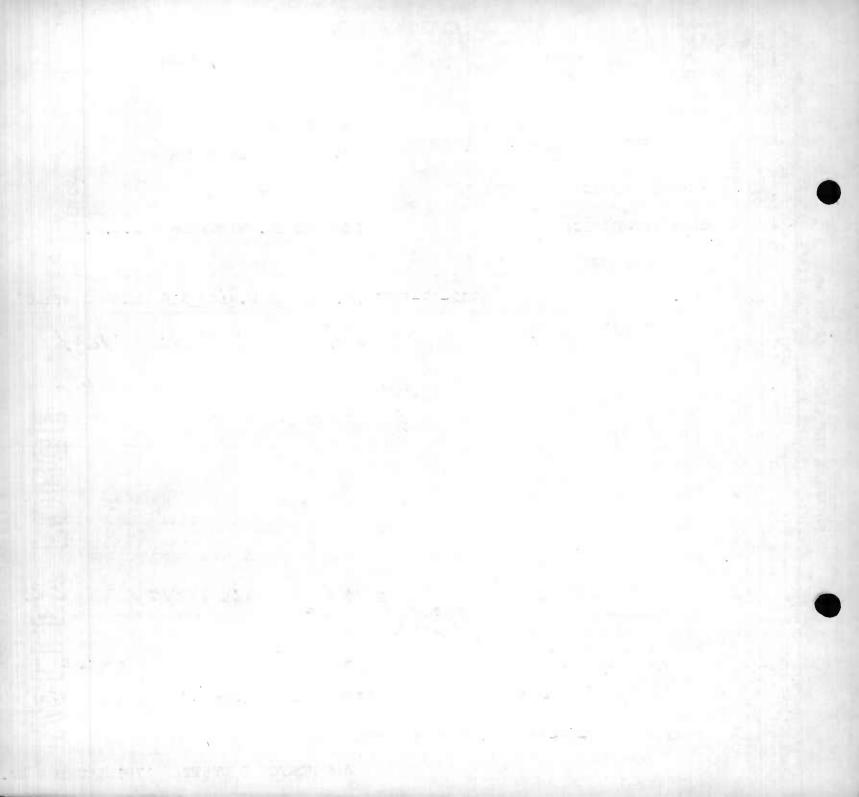
VS 150-REV. 1/1/65



UNION WELLORIAL MOSAMM 2101 M. CHENTERT ST. 4/6/19 46 F CHUGENARY M WFST VARGARIA USA HOUSEWIFE REBERGA (UNR. NOWIN) WINDS NO. CKRRT MAN SP BI WORKING MONEY

FUNERAL DIRECTOR: IMPORTANT

| BIRTH NO. M.E. CASE NO. 66 03094 | CERTIFICA | | | | | |
|--|---|---|----------------------------------|--|--|--|
| M.C. CASE NO. | CERTIFICA | TE OF DEATH | Registered Na. | 66 (13094 | | |
| 1. NAME OF DECEASED (Type or Print) ALMA RICH | | | H 24, 1966 | . M | | |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give hospital or oddress ar location) | streat | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE | | | | |
| CARVER NURSING HOME | | | | | | |
| 607 PENNSYLVANIA AV | ENUE | 413 NORTH N | urol, give location) ADUNT STRE | CET | | |
| S. SEX 6. RACE 7. MARRIED, NE WIDOW TOWN | VER MARRIED DIVORCED (specily) | | ast birthday) | If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min. | | |
| to A. USUAL OCCUPATION (Give kind of work to B. KIND OF BUddene during most of working life, even if (etired) COCK (DOMESTIC) | JSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHERS NAME UNKNOWN | | 14. MOTHER'S MAIDEN NAM | A E | | | |
| | SOCIAL SECURITY NO. 12-32-1871 | 17. INFORMANT MR. THOMAS U | | ADDRESS ORCHARD STREET | | |
| LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death,) ANJECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | 11 | extensivae- | | | | |
| DISEASE OF CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI | ICH OPERATION | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE I | FINDINGS CONSIDERED USES OF DEATH? | | |
| O 21A. ACCIDENT WAS UNDERLYING 218. PL. OR CONTRIBUTING CAUSE OF home, etc.) | ACE OF INJURY (e.g., in lorm, lactory, street, all | or obout 21 C! WHERE DID | (If in Baltimare | City, give exoct locotion) | | |
| 21D. TIME (Manth) (Day) (Year) (Haur) 21E, IN While Wark | JURY OCCURRED At Work | 21F. HOW DID INJU | JRY OCCUR? | | | |
| 22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (1) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24. F. Holt | deceased from 3 3/2-4 M.D. Atte Phys M.D. Atte M.D. | 19 6 and the lew the bady after death. Inding Med. Director 37154 berty | Staff Phys | 24 19 66 nian death accurred an the date 23B. DATE SIGNED 3/28/66 Baltomore, Mal | | |
| REMOVAL (Specify) | TUS MEMORI | | | ry, town, or caunty) (State) RYLAND ADDRESS | | |
| MAR 28 1935 (2.5) | Jakon MA | THE MORTON | & DYETT | 1701 LAURENS S | | |



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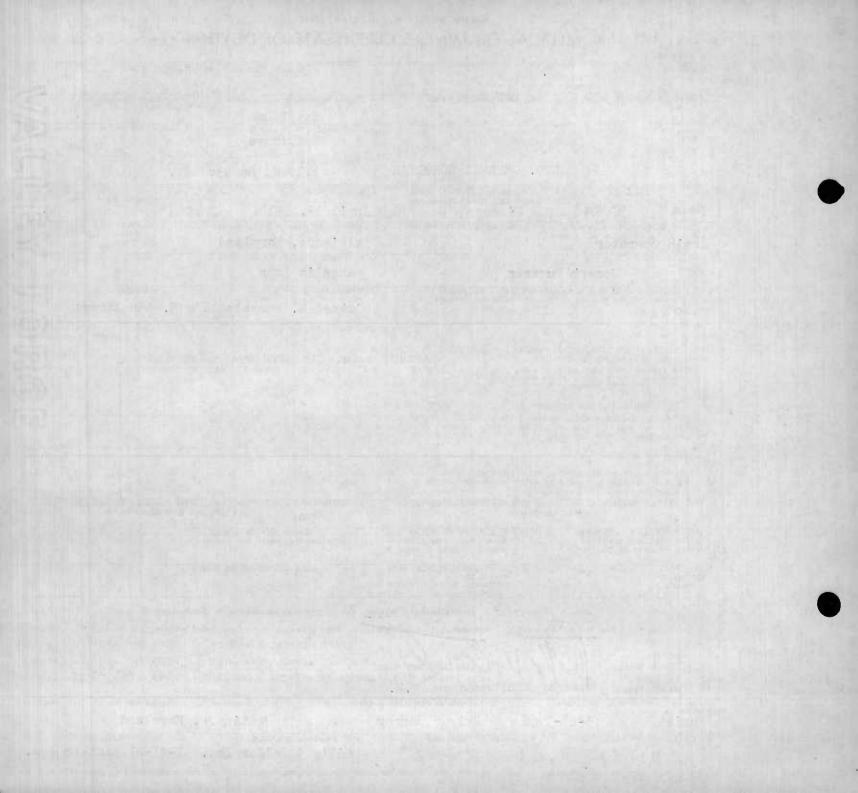
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BALTIMORE CITY HEALTH DEPARTMENT

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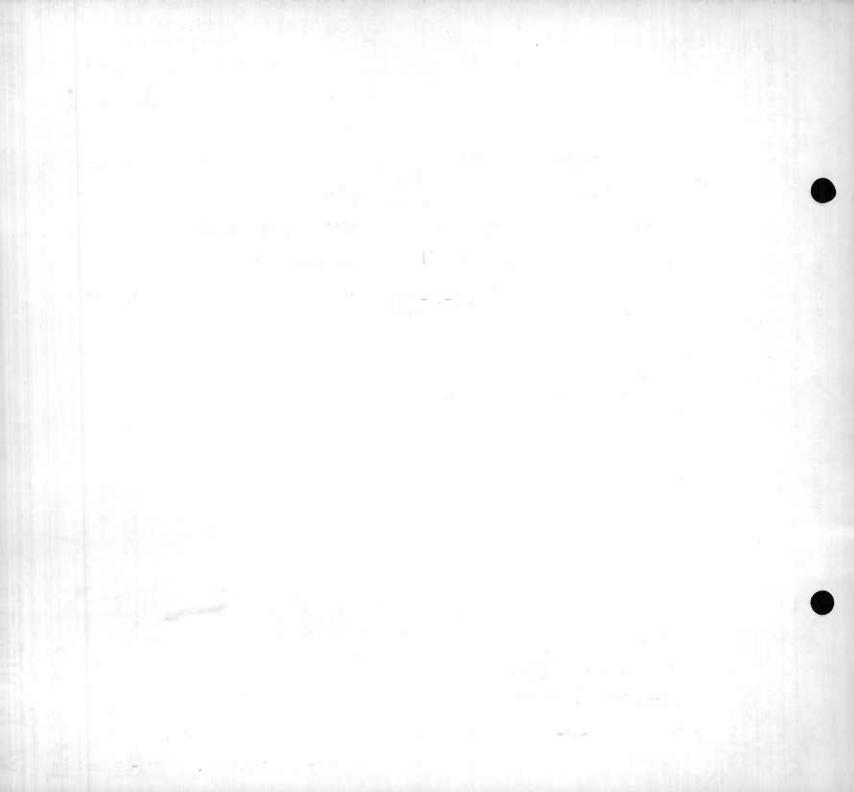
| BIRTH NO. | 6 03 MEDI | CAL EX | AMINER'S C | ERTIFICATE O | F DEATH Regis | stered Na. |
|--|--|---|------------------------------------|------------------------------|--|--|
| M.E. CASE NO. | CEASED P. | | | 2 DATE | AND HOUR PRONOUN | CED DEAD |
| 1. NAME OF DE | | | | 2. 5411 | | |
| 3. PLACE IN BAL | ANDREW R | | INCED DEAD | A. STATE | B. CC | 1966 6:50 Pm. nstitution: residence before odmission) OUNTY |
| FULL NAME OF | UF NOT IN HOSPITA | AL OR INSTITU | THON, GIVE STREET | Maryla | nd utside cornarate limits, w | rite RURAL and give township) |
| HOSPITAL OR | ADDRESS OR LOCA | (IION) | | Baltim | | 202 |
| 3 | S. BALT | O. GENER | RAL HOSPITAL | D. STREET ADDRESS (II 1729 E | . Lombard St. | |
| 5. SEX | 6. RACE | | NEVER MARRIED DIVORCED(specify) | B. DATE OF BIRTH | 9. AGE (In year lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. |
| Male | White | Widow | | April 13, 19 | | |
| | working life, even if retired) | TOB. KIND OF | BUSINESS OR INDUSTRY | Baltimore, M | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NA | | | | 14. MOTHER'S MAIDEN | IAME | |
| | Joseph Rus | szala | | Angelia Pu | pa | |
| | ED EVER IN U.S. ARMED | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| No | | | | Michael S. R | uszala 210 S | . Ann Street |
| OTHER SIGN TO THE DISEASE OF THE DIS | ANTECENDENT CAUSE OR CONDITION DI LEADING TO DEATH not meon the mode of constitution which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 19-B. CON WAS PER TOR CONTRIB- | dying e.g., the discose, deoth.) SS NY, GIVING TATING THE CONTRIBUTIN LATED TO | (B). DUE TO (C) | 20A. AUTOPSY? (Yes or yes | No) 208. IF YES, WERE IN CERTIFYING CA YES ID (If in Boltimore City, | FINDINGS CONSIDERED USES OF DEATH? |
| UTING CAL | JSE OF DEATH. (Month) (Doy) (Yeor | (Hour) 2 | E INJURY OCCURRED | 21F. HOW DID | INJURY OCCUR? | |
| 22. I cer | tify that I held an 1 | nquiry 🗌 | Inspection Au | tapsy X and that a | n this basis, death in | my apinian |
| resu | Ited from: Natural can | us sxX A | | | Undetermined man | nner 🗌 |
| ACTUA SIGNAT | . 1/// | nuit | was Lymo | CHIEF MEDICAL | | DATE SIGNED |
| EXAMI | NER'S Pudico | Breite | necker, M.D. | ASSOCIATE MEDICA | L EXAMINER . | 3-25-66 |
| 23A. BURIAL CRI REMOVAL (Speci Burial | EMATION, 238 DATE | | Holy Redeemer | | Baltimore, Ma | ity, town, or county) (Stote) aryland |
| 24A. DATE REC'E | BY HEALTH DEPT. | | OF REGISTRAR | Lilly & Ze | | 901-07 Eastern Ave. |
| VS 151-REV. 1/1 | /65 | | | | | |



IMPORTANT

FUNERAL DIRECTOR:

| | 66 | | TE OF DEATH | Registered No | 66 03098 |
|--|--|--|--|---|---|
| M.E. CASE NO. | an Anthro | CERTIFICA | IE OF DEATH | | |
| NAME OF D | | • | 2. DATE A | AND HOUR OF DEAT | H |
| Type or Print) | Elnora | Schertle | 3-2 | 25-66 | 11:15 2 |
| PLACE OF | DEATH IN BALTIMORE, MA | ARYLAND | A. STATE B. COU | here deceased lived. II | institution: residence before admiss |
| | | | | | 500 |
| FULL NAME HOSPITAL O | R oddress or locatio | or institution, give street | Maryland | autside city limits, will | e RURAL and give (awnship) |
| INSTITUTION | | | Baltimore | , | and give terminary |
| 3 | | | | If rural, give location) | |
| The To | hns Hopkins | Hospital | 2002 Founta | in Street | |
| S SEX | 6. RACE | 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. , If Under 24 1 |
| , 3EA | | WIDOWED, DIVORCED (specily) | | lost birthday) | Manths Days Hours Min |
| remale | White | Widow | 1-7-17 | 42 | |
| | CUPATION (Give kind of wor of working lile, even if retired) | 108, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Housew | | Own Home | Baltimore, Ma | ryland | |
| 3. FATHER'S N | | 2101110 | 14. MOTHER'S MAIDEN N. | | |
| | | | | lana la | |
| | d Chason | | Margaret Sc | nwab | |
| | sed Ever in U.S. Armed Fo | es of service) SECURITY NO. | 17. INFORMANT | | ADDRESS |
| No | | 218-28-3599 | Michael Scher | tle 30 Rig | ht Wing Drive |
| 18. Lh. | 50.11 | CAUSE O | | | INTERVAL BETWEEN |
| / 0 | A COUNTY OF | | | | ONSET AND DEATH |
| DISE | EASE OR CONDITION DI LEADING TO DEATH | RECTLY | t | 1,1 | £ 161 |
| (71) | | (A)/tcu | to was carety | at infance | The Thomas |
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| heort failur | s nal meon the made at re, asthenia, etc. Il means camplicatian which caused | ine disease, | CLUD | V | |
| heort failur | re, asthenia, etc. II means camplication which caused | d death.) | SCVD | | |
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FUNERAL DIRECTOR: IMPORTANT

| | - 000 | BALTIMORE CITY | HEALTH DEPARTMENT | | 1000 |
|---|--|--|---|---------------------------------------|--|
| BIRTH NO. | 66 43099 | CERTIFICA | TE OF DEATH | Registered Na. | 36 (13099 |
| M.E. CASE NO. | | Lou | 158 2. DATE A | AND HOUR OF DEATH | 36 |
| (Type or Print) RE | NVEBUR | G, GRACE | Norris 3- | 26-66 | 6 35 PM. |
| 3. PLACE OF DEATH | IN BALTIMORE, MARYLAND | | 4. USUAL RESIDENCE (WE A. STATE B. COU | nere deceased lived. Il in | stitution: residence before admission) |
| FULL NAME OF HOSPITAL OR | (If not in hospital or instit address or location) | ution, give street | md | outside city limits, write | RORAL and give lownship) |
| 1 2 | | 4 | BALTIMON | e E | |
| Unuon r | renarial + | fospital | 6 MIDVI | ALE RA | 21210 |
| | ACE A 7. MA | RRIED, NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | Il Under 1 Yi. If Under 24 His. Months: Doys Hours Min. |
| | wh | wio. | 12-21-78 | 817 | Willing Doy's Floors Willis |
| done during most of works | | ND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fo | reign country) | 12. CITIZEN OF WHAT, COUNTRY? |
| Housewi | fe | | OHIO | | USA |
| 13. FATHER'S NAME | 1 | 4 1 m m 5 m | 14. MOTHER'S MAIDEN N. | AME | |
| John | 1 LEE 1 | UORRIS | SUSANI | E. Kei | STER |
| 15. Was Deceased Eve (Yes, no or unknown)!(I) | r in U. S. Armed Forces? yes, give wor or dotes of se | rvice) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | , | ADDRESS |
| NO | None | 229-44-0946 | Mr. John N. Re | enneburg same | address as above |
| 18. 2 3 | 2 Y I | | F DEATH | | INTERVAL BETWEEN |
| | R CONDITION DIRECTLY | 1 | 1 1 1. | | ONSET AND DEATH |
| | DING TO DEATH | (A) Cre | braledema | - and on | cephalomaloua |
| heart failure, asth | meon the mode of dying, tenio, etc. It meons the di | | | | 1 2 - |
| | ation which caused death. | (Occil | lusion of (R) |) middle | cerebral artery. |
| | ECEDENT CAUSES | DUE TO | 0 | | 7 |
| rise to the o | CONDITIONS, if any, bave couse (A) stating | | | | |
| UNDERLYING C | ONDITION last. | | | | |
| E TO THE DEAT | II ANT CONDITIONS CONTRI H BUT NOT RELATED T NDITION CAUSING IT. | BUTING attens Sc | Perotic Cour | ray a. d. | is. W.K. |
| 19A. DATE OF OP | | FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes or I | No. 200 IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
| W W | VAS UNDERLYING G CAUSE OF | 21 B. PLACE OF INJURY (e.g., i home, loim, loctory, street, o etc.) | n or obout 21C. WHERE DID | (II in Boltimore | e City, give exoct locotion) |
| OF INTURY | onth) (Doy) (Year) (Hour | 21E. INJURY OCCURRED | 21F. HOW DID IN | NJURY OCCUR? | |
| (APPROX) | | While At Not Whi | le | | |
| 22. I certify tha | t (1) (this hospital) atter | ded the deceased fram | 3-21 | 1966 to 3 | 26 19 66. |
| | t saw the deceased aliv | 2. 7/ | 1966 and 1 | | nian death occurred an the date |
| production of the last of the | The second secon | ive. (1) (We) (did) (did nat) | - (- | | |
| 23A. SIGNATURE | 120/2/ | The state of the s | III DOUT WITEL GOOT | | 23B. DATE SIGNED |
| 1 | 7 My | M.D. Att | ending Med. Director | Stoff Phys. | 3-26-66 |
| 23C. PHYSICIAN'S | 11 400 | 1,10 | 23D. ADDRESS | , | |
| NAME (Type) | B. H. GROSS | M.D. | UNION MEN | MORIAL HOSE | PITAL |
| 24A. BURIAL CREMAT | TON, 248. DATE | 24C. NAME OF CEMETERY OF CR | EMATORY 24D. | LOCATION (Ci | ity, town, or county) (State) |
| Burial | 3/29/1966 | Druid Ridge Cem | eterv Pi | ikesville, Ma | irvland |
| 25A. DATE REC'D BY | 21-11-10-0 | AME OF REGISTRAR | 25C. FUNERAL DIRECTO | | ADDRESS / |
| MAR 28 | | 2. Followns | TICKNED | Persons | infrancia & North |
| VS 150-REV. 1/1/65 | | | | Jan. | 100110 |

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Burial

VS 150-REV. 1/1/65

25A. DATE BEC'D BY HEALTH DEPT.

3/28/1966

shows:

of death

Deceased

cause; (5)

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at ance

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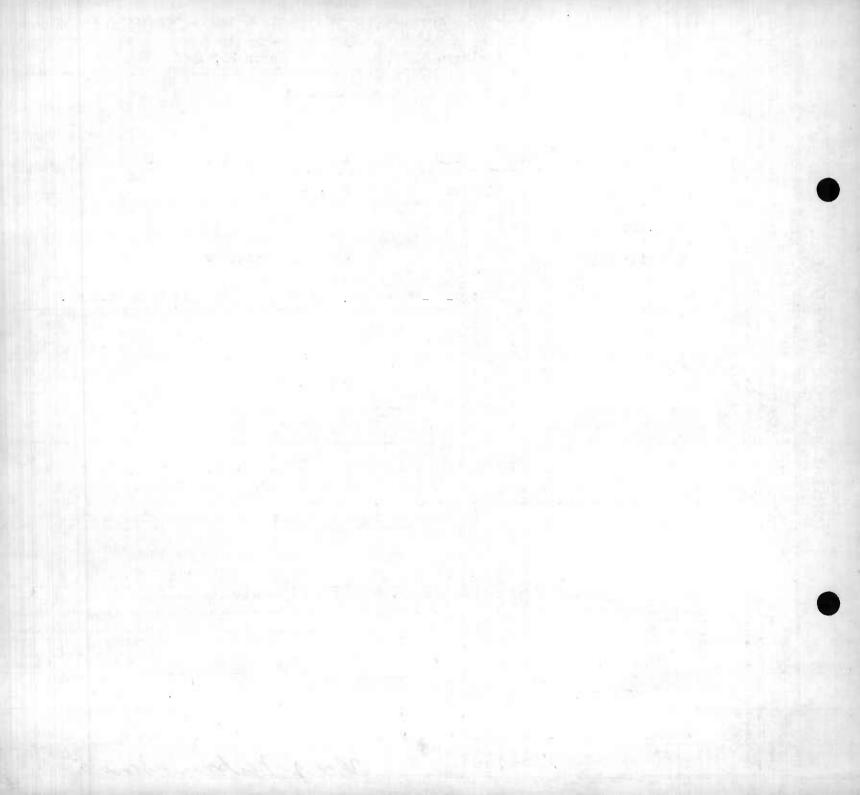
BALTIMORE CITY HEALTH DEPARTMENT 66 03100 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) March 26, 1966 Katherine Atkinson 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 1534 Carswell Street Baltimore, Maryland 21218 1534 Carswell Street 18 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Bac WIDOWED, DIVORCED (specify) last bighdoy Hours July 4, 1886 Female White Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Schneider Johanna Christian Wild 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. None No 217-26-8060 Mrs. Elizabeth Evans 327 Whitfield Rd. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) EB ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, the remains ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING rabetes Mellitus TO THE DEATH BUT NOT RELATED TO THE 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 8. IF YES. WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) MEDIC 21D. TIME (Manth) (Day) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased olive on.....and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATUR Attending Phys. M.D. Med. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

Baltimore . Ceme tery

258: NAME OF REGISTRAS

Baltimore, Maryland

25C. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT 66 BMEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. . NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 2:40 PM. March 24, 1966 HAROLD E. PRUDEN 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A, STATE
R. COLINTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION INSTITUTION Baltimore D. STREET ADDRESS (If rurol, give location) 803 Park Ave. - DOA 803 Park Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months , Doys , Hours , Min. WIDOWED, DIVORCED (specify) lost birthde Male White Single 4-20-1919 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Matawan, New Jersey Bartender 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ruth Harold Pruden Leary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORM ANT 418 Bendermer Ave. SECURITY NO. (Yes, no or unknown), (If yes, give wor or dates of service) Interlaken, N. J. No None Mr. Russell Pruden INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Diabetes mellitus (by history) DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, factory, street, office bldg., INJURY OCCUR? MEDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21D TIME (Month) (Doy) (Yeor) OF INJURY MHILE AT NOT WHILE (APPROX.) 22. Inspection X I certify that I held on Inquiry Autopsy ond that on this basis, death In my opinion Spicide resulted from: Notyral causes X Homicide ___ Undetermined monner Accident CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 3-25-66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker, M.D. NAME (Type) 23A, BURIAL CREMATION. (Stote) 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) New Jersey Rose Hill Cemetery Matawan. Removal

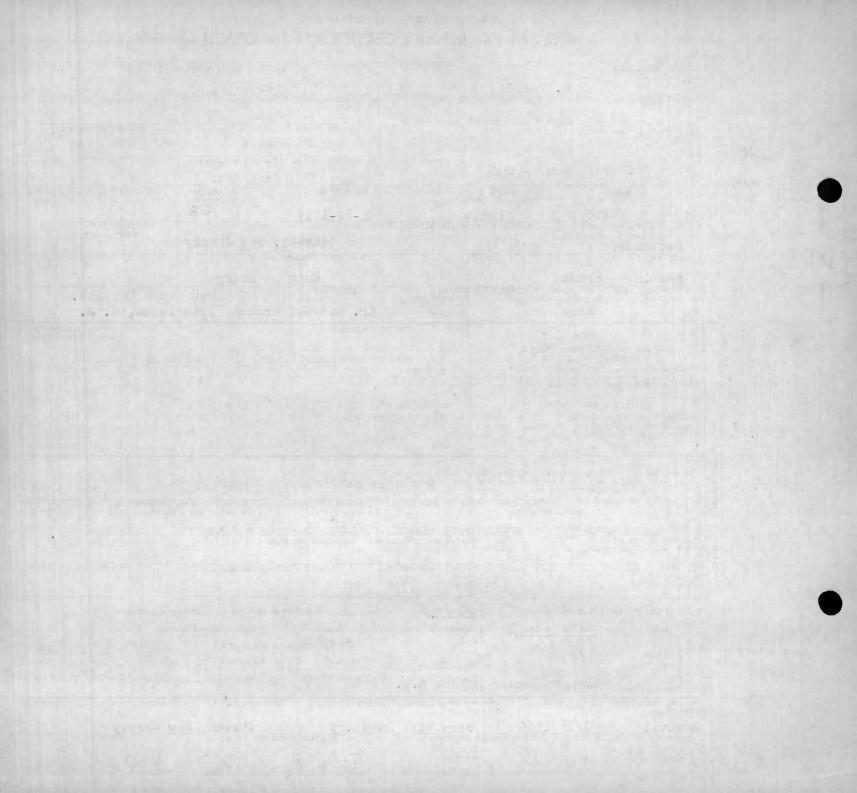
VS 151-REV. 1/1/65

113.1.

24B. NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

ADDRESS



IMPORTANI

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT

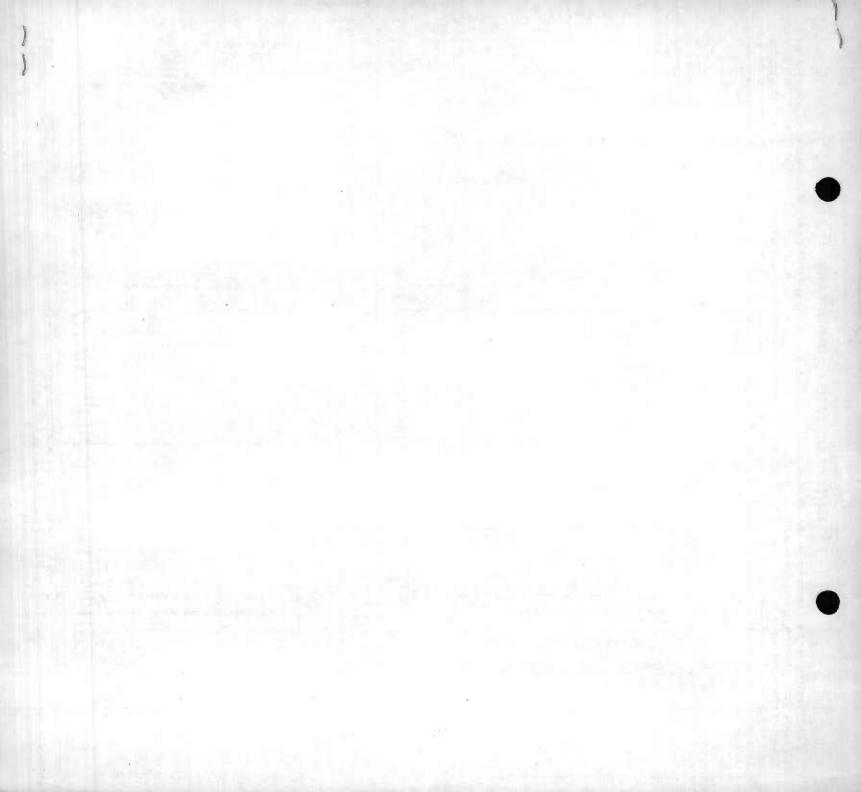
The same of your trained in a const Chrose a processing a confly some 3/8/44 Lane a suma B lasty SE /S AN EN TOTAL SE/S MODOLL . romed Springs yell enillyall enter

IMPORTANT

FUNERAL DIRECTOR:

| BIRTH NO. 66 (1310 |)3 | | HEALTH DEPARTMENT | Registered No. | . 66 03103 |
|--|----------------------|------------------------------|---|------------------------------------|--|
| M.E. CASE NO. 1, NAME OF DECEASED | | CERTIFICA | TE OF DEATH | ND HOUR OF DEATH | |
| | ILLA | RD or Willia | | 3/25/66 | 730 OM |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAN | ND | | 4. USUAL RESIDENCE (Wh A. STATE B. COU | ere deceoped lived. If | institution: residence before odmission) |
| FULL NAME OF (If not in hospital or ins HOSPITAL OR oddiess or location) | titution, (| give sheet | MARYLAND C. CITY OR TOWN (If o | utside city limits, write | RURAL and give township |
| UNIVERSITY HOSP | TTO! | | BALTIMOR | | |
| A CHINCHOLLA HOSP | 17:11 lass | | 675 WASh | rural, give location) | 10 #.3 |
| The same of the sa | | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | II Under 1 Yi., If Under 24 Hrs. |
| M CAUC, " | | orced (specily) | 5-10-90 | 75 | Months Doys Hours Min, |
| IDA, USUAL OCCUPATION (Give kind of work 108, done during most of working life, even if retired) | | | | | 12. CITIZEN OF WHAT COUNTRY? |
| PAINTER SE | CF e | MPLOYED | Pennsylvar | nia | USA |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NA | ME | |
| Harry Willan | d | | Barbara | | |
| 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wni or dates of | service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| Nos WorNone'r I | | 220-07-7564 | Mrs. Dorothy W | fillard 802 | North Hilton |
| 18.420,11 | | CAUSE O | F DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTL | LY | A | TO MAINCA DIVINI | Carontine | C. dave |
| (This does not mean the made of dyin | ıg, e.g., | DUE TO | TE MYOCARDIAL | TNTAKCIION | X Q A Y S |
| heart failure, asthenia, etc. It means the injury at camplication which caused deat | | | | | |
| ANTECEDENT CAUSES | | (B) | | | |
| DISEASES OR CONDITIONS, il ony, | giving | 00110 | | | |
| uise to the obave cause (A) state UNDERLYING CONDITION lost. | ing the | (C) | *************************************** | | |
| II- | | | | | |
| O OTHER SIGNIFICANT CONDITIONS CONTI | | | | | |
| DISEASE OR CONDITION CAUSING IT. | | WHICH OPERATION | 20A. ALITOPSY? (Yes of N | O 20R IF YES WERE | FINDINGS CONSIDERED |
| WAS PERFORM | | WHICH CERTICAL | b o | IN CERTIFYING C | AUSES OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21 B. hom etc. | e, loim, foctory, street, of | n or about 21C. WHERE DID INJURY OCCUR? | (ff in Boftime | ore City, give exact location) |
| OF INJURY (Month) (Doy) (Yeo) (Ho | oui) 21 E. | INJURY OCCURRED | 21F. HOW DID IN | JURY OCCUR? | |
| (APPROX) | Whi | ile At Not While | e 🗌 | | |
| 22. I certify that (1) (this hospital) att | ended ti | ne deceased from 74 | IERCH 23 | 19 66 to HAM | 1966 |
| that (1) (we) last saw the deceased ali | ive an | MARCH 25 | 19 66 and t | hat In(my) (aur) ap | pinian death accurred an the date |
| and haur and from the causes stated a | bave. (I |) (We) (did) (did nat) v | | | |
| 23A. SIGNATURE | 4 | 0 | | | 23 B. DATE SIGNED |
| Harveld a thurch | Perc | Phy | | Stoff Phy s. | 3/25/66 |
| 23C.PHYSICIAN'S NAME (Type) | | | 23D. ADDRESS | | // |
| Harold C. S | | | | | |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) | 24C. N | AME of CEMETERY OF CR | MATORY 24D. | LOCATION (| City, town, or county) (State) |
| Burial 3/30/1966 | Ba | altimore Natio | onal Cemetery | Baltimore, 1 | Maryland |
| 25A. DATE REC'D BY HEALTH DEPT. 258. | NAME C | OF REGISTRAR | 25C. FUNERAL DIRECTO | | a Bodress to, no |
| MAR 10 1933 6 2 6-2. | Steal | South A | DVm. h. Jx | umer L | sono Katherin |
| VS 150-REV 1/1/65 | Fal | Part II | Wm. 4. 2 | stone t | Sono Konthison |

| | 66 63104 | BALTIMORE CI | TY HEALTH DEPARTMENT | | 66 03104 |
|---|--|---|---------------------------------------|---------------------------|--|
| BIRTH NO. M.E. CASE NO | | CERTIFIC | ATE OF DEATH | Registered Na. | BO WILL |
| NAME OF D | ECEASED | LIZABETH HARTMA | | H 25,1966 | 1 5 A. |
| PLACE OF | DEATH IN BALTIMORE, MARYLA | AND | 4. USUAL RESIDENCE (WHA, STATE B. COU | nere deceosed lived, II i | nstitution: residence before odmissio |
| FULL NAME HOSPITAL O | R oddress or location) | nstitution, give street | MARYLAND | | RURAL ond give township) |
|) 13 | 17 Pentridge | Road | | f rurol, give location) | |
| SEX | I/ DACE | MARRIED, NEVER MARRIED | 1317 Pentr | | |
| F | W | WICOW (specify) | Mar. 27,1880 | | If Under 1 Yr. If Under 24 H Months Doys Hours Min. |
| | CUPATION (Give kind of work 10B of working life, even if retired) | KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State or for | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| HOUSEW | dfe | | Baltimore, | Maryland | USA |
| Jame | s Harker | | Adeline | Russell | |
| | sed Ever in U. S. Armed Forces? wn) (II yes, give wor or dotes of | service) SECURITY NO. | 17. INFORMANT 1317 | Pentridge | Road |
| no | | none | Mrs. Willia | m H. Field | I S |
| DISEASES rise to UNDERLYI OTHER SIG TO THE DISEASE C | on on mean the mode of dying ashenia, etc. It means the complication which caused decomplication is a second to the complication of the complication causing it. OF OPERATION 198. CONDITION 198. CONDITION OF OPERATION 198. CONDITION CAUSING IT. | giving ling lhe (C) | erebro-Vascul nTeri osclerosis | | FINDINGS CONSIDERED |
| NA CO | WAS PERFORM | | NO | IN CERTIFYING CA | AUSES OF DEATH? |
| , OR CONTR | DENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) | office bldg., INJURY OCCUR? | (If in Boltimos | re City, give exoct locotion) |
| 21D. TIME OF INJURY (APPROX) | (Month) (Doy) (Year) (H | While At Not W Work At Wo | | IJURY OCCUR? | |
| that (i) (w | re) last saw the deceased a | tended the deceased fram | | | Tarch 1966 Inlan death accurred an the d |
| 23A. SIGNA | | -25 tot (1) (110) (did) (did flot) | THE DUTY UTTER GEGIN | • | 23B. DATE SIGNED |
| Z | y 111. Sm | meman M.D. A | tending Med. Director | Stofl Phy s. | 3/25/66 |
| 23C. PHYSIC | Loy Zimmer | man Md. M. | 23 D. ADDRESS D. 3202 Ha | rford Road | 1 |
| 4A. BURIAL C | REMATION, 24B. DATE | 24C. NAME of CEMETERY of C | REMATORY 24D. | LOCATION (C | ily, town, or county) (State |
| BURIA | 1-011 | 6 PARKWOOD CEN | METERY H | BALTIMORE 1 | MARYLAND |
| 5A. DATE REC | 'D BY HEALTH DEPT. 25B | NAME OF REGISTRAR | 25C. FUNERAL DIRECTO HENRY SAND | ER & SONS | INC. |
| S 150-REV. 1/ | 1/65 | C. C. a Vaput his | BALTIMORE, | MARYLAND | -21213 |



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
A, STATE
B, COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) 3119 Cliftmont Ave. If Under 1 Yr. Months: Doys 12. CITIZEN OF WHAT COUNTRY? Augsburg Luth. Home 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) and that in (my) (aur) aplnian death accurred an the date 23B. DATE SIGNED town, or county) M ds Heemann

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

Campfield

INTERVAL BETWEEN

ADDRESS

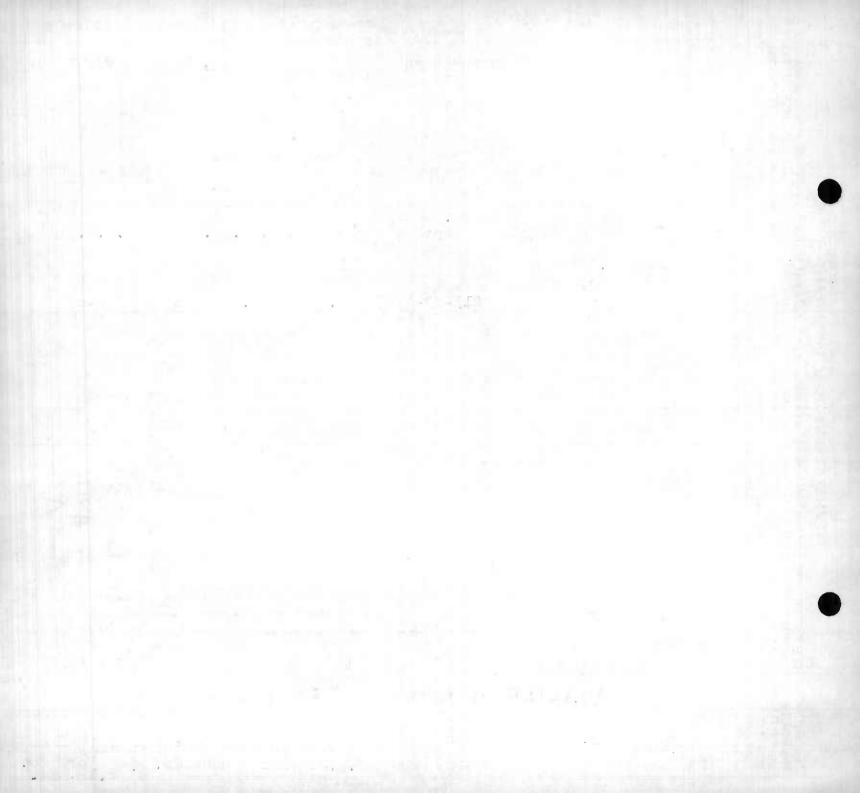
Harford Rd

ONSET AND DEATH

Confidence and a second of the second

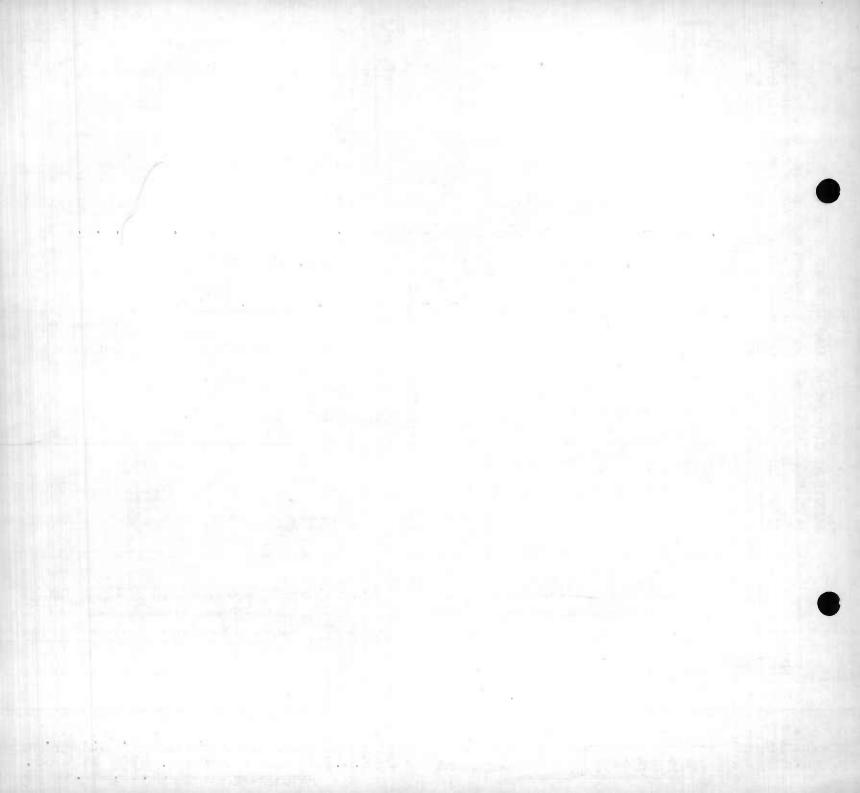
A STATE OF THE STA

| BIRTH NO. | 66 0% | 3106 | | TE OF DE | | Registered N | 65 U | 3106 |
|------------------|--|---------------|--------------------------|----------------------|--|--|------------------|---------------------------|
| M.E. CASE NO. | CEASED | | | | | ND HOUR OF DEAT | TH | |
| (Type or Print) | | Skinne | r Watson | | | | | Gino |
| 3. PLACE OF DE | EATH IN BALTIMORE, MAI | | L Watsoll | 4. USUAL RESIDI | ENCE (Whe | re deceased lived. I | Linstitution: | 9:00 residence before odm |
| | | | | A. STATE | B. COUN | ITY | | 17 . 111 |
| FULL NAME | | | ive street | Marylan | ıd | | 0 | 1-14 |
| INSTITUTION | oddiess of locolion | | | | C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 10 | | | |
| 6 | 2 34 | ~ | | | | | | |
| 0 | l Merryma | n Cour | t | D. STREET ADDR | | rurol, give location) | | |
| | | | | l Merry | | | | |
| 5. SEX | 6. RACE | | DIVORCED (specify) | B. DATE OF BIRTH | | 9. AGE (In years lost birthdoy) | If Und Months | er 1 Yr. If Under 2 |
| M | M | Marr | | 6/24/188 | 37 | 78 | | |
| OA. USUAL OCC | CUPATION (Give kind of work | 10B, KIND OF | BUSINESS OR INDUSTR | Y 11. BIRTHPLA CE (S | State or fore | ign country) | 12. CI | TIZEN OF |
| ditor-N | l working lile, even il retired) Iilitary Aff | airs Ba. | Ito. Sun | | | | | HAT COUNTRY? |
| 3. FATHER'S NA | | ali b | Papers | Plattsb | urg. | N. Y. | J | J.S.A. |
| | | | | 14. MOTHER'S M. | AIDEN NA | ME | | |
| Winsl | ow C. Watso: | n | | Elia Ba | rnes | | | |
| 5. Was Decease | d Ever in U. S. Armed Ford | es? | 6. SOCIAL | 17. INFORMANT | | | | ADDRESS |
| Yes | (II yes, give wor or dotes | | SECURITY NO. | 7 Mmc Con | |) Me hace | | 100m-1 |
| | 7 7 7 Mar | | 213- 03-226 | | isan (| . watson | | (Same) |
| 18. 4 2 | 0.14-19 | 2 X | CAUSE | OF DEATH | | • | | INTERVAL BETWEE |
| DISEA | SE OR CONDITION DIR | ECTLY | 11 | A 1 | - 1 (| 20 1- | 7 | |
| /This do | LEADING TO DEATH | duta - | (A) /-E | Inche + | font | Jehn. | | |
| | nal mean the made of asthenia, etc. It means | | DUE TO | | 1 | 0 | | |
| injury ar ca | mplication which caused | death.) | 6- | sman a | later | sil. | 214 | |
| | ANTECEDENT CAUSES | | (B) DUE TO | ,, | | | | |
| DISEASES | OR CONDITIONS, if a | ny, giving | 00110 | | | | | |
| rise la Il | he abave cause (A) | | (C) | | | 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ******** | |
| UNDERLYIN | IG CONDITION lost. | | | | | | | |
| E TO THE I | II NIFICANT CONDITIONS CO DEATH BUT NOT RELATED CONDITION CAUSING IT | TED TO THE | het | estatu p | mela. | a (di | ged s | In I ez |
| U TOAL DATE O | | | HICH OPERATION | 20 A. AUTOPSY | | | | |
| E O | WAS PERF | | | 100 | | IN CERTIFYING | CAUSES OF | DEATH? |
| W Total | ENT WAS UNDERLYING | 218 | PLACE OF INJURY (e.g., | in or about 21C. WH | FRE DID | (If in Rollin | nore City ~ | ve exact location) |
| OR CONTRIB | UTING CAUSE OF | home | , lorm, foctory, street, | office bldg., INJURY | OCCUR? | All III III | note only, gi | AS SYDEL IDEGROUP |
| U | y medical examiner | etc.) | | | | | | |
| OF INJURY | (Month) (Day) (Year) | | INJURY OCCURRED | 21 F. HO | M DID INT | URY OCCUR? | | |
| (APPROX.) | | Whill | e At Not Wh | | | | | |
| 22 1 | .1 . (1) (.1 | | | | | 2001 | 10 | 1 |
| 22. I certify | y that (1) (this hospital) | attended th | e deceased from | 2 7 | ********* | 19 2 0 to | 11/ | 19 C |
| that (I) (we |) last saw the deceased | d alive an | Warch | 25 1960 | and th | at in (my) (aur) o | pinion de | ath accurred an th |
| and hour ar | nd from the causes state | ed above. (I) | (We) (did) (did not) | view the bady aft | er death. | | | |
| 23A. SIGNAT | | - / | 7 , 1 | | | | 23 B. DA | TE SIGNED |
| | 1 | 1/2 /4 | M.D. A | tending Me | ed. | Stoff | 73/ | 78/1 |
| 220 811941 | In oll | 1 6 1 | OUCL PH | ys. Dir | ector | Phys. | 3 | 20161 |
| 23C.PHYSICI. | ANS Type) A | co . | 5 0 11 | 23D. ADDRESS | - | | | |
| | WALI | tk t | 3. BUCKWO | 181 | EE | ASER | _2 | 12112 |
| 4A. BURIAL CR | EMATION, 248. DATE | 24C. NA | ME OF CEMETERY OF C | REMATORY | 24D. L | OCATION | (City, town, | or county) (S |
| REMOVAL | (Specify) | | | | | | | |
| Cremat | 2// | | reenmount | | | ltimore, | | Mary! |
| SA. DATE REC'I | D BY HEALTH DEPT. | 258, NAME O | FREGISTRAR | 25C. FUNERAL | | | , 10 | ADDRESS |
| MAR 28 | 1508 (P. O. B. | S Frol | S. ALB | H.W.Jen | ikins | & Sons C | 10 . H | 905 York |
| 'S 150-REV. 1/1/ | /65 | - Mindal | 7,77 | | | | 58. | Wale, W |
| | | | | | | | | |



VS 150-REV. 1/1/65

H.W. Jenkins & Sons Co.



a hospital and

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO.

| 1. NAME OF DECEASED OF Venanzi, | 2. D | ATE AND HOUR OF DE | ATH |
|--|--|---|--|
| (Type or Print) VENAN ZIA, LOUIS ST. | 1 | -25-66 | 7 |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | | | . If institution: residence before |
| | 1 2 | | 7 horas |
| FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) | MARYIA | | write RURAL and give township) |
| NORTH Charles Gen- 1505P. | 10 | | write KOKAL ond give township) |
| NORTH CHARLES YEN- 130SP. | D. STREET ADDRESS | (If rurol, give locotio | n) _ |
| | 1 | RIZONA | AVE |
| 5, SEX 6. RACE 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH | Q AGE (In years | |
| WIDOWED, DIVORCED (specify) | | lost birthdoy) | Months Doys Hours |
| 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | | I CITITEN OF |
| dane during most of working life, even if retired) | 11. BIKTHIEACE (STOTE | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Forge Shop Armco Steel | _L TAL | 1 | U.S.A. |
| 13. FATHERS NAME Venanzi | 14. MOTHER'S MAID | NAME | |
| VANAZO TRED | Keely | HNGEL | ina |
| 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL | 17 INFORMANT | Vonanai | Sr. sonADDRESS |
| | Paschal | | |
| 219-05-5174A | CHHK | / 5/01 PI | ainfield Ave. |
| 18. CAUSE O | P DEATH | | ONSET AND D |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Munna | 4 AMILION | TIME |
| (This does not mean the mode of dying, e.g., DUE TO | VCC 0004 +000 | - Course | ADI DIN |
| heart failure, asthema, etc. It means the disease, | moder | sete adu | elr |
| |) 4 | 0 1 | 0 |
| DUE TO | MILLIAN | 10 /11 Y | |
| DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the (C) | stugest | mun so | pryence |
| UNDERLYING CONDITION last. | 4 | | ••••••••••• |
| | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | Lista in in | . ALAAN | 0 |
| DISEASE OR CONDITION CAUSING IT. | Menne | HUPOV | |
| 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20 A. AUTOPSY? (Ye | | VERE FINDINGS CONSIDERED |
| WAS PERFORMED | 1/25 | 1 | 75 |
| OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of | n or obout 21 Q. WHERE ffice bldg., INJURY OC | DID (If in Bol CUR? | Itimbre City, give exact location |
| DEATH (notify medical examiner) | | | |
| OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED | 21 F. HOW D | ID INJURY OCCUR? | |
| Vhile At Not While | | | |
| | | | |
| (APPROX.) Work At Work | -12 -16 | 10 4- | 32.5 |
| 22. 1 certify that (1) (This hespital) attended the deceased from 3 | 1 0 | 19ta | 3-25 |
| 22. 1 certify that (1) (This hespital) attended the deceased from 3 | 1966 | and that in (my) (| 2.5 1 Eaplinion death occurred or |
| 22. I certify that (I) (This hespital) attended the deceased from 3 that (I) (we) lost saw the deceased alive an 3 - 25 and haur and fram the causes stated above. (I) (We) (did) (did to 1) v | 1966 | and that in (my) (| tapinion death occurred or |
| (APPROX.) 22. I certify that (I) (This hespital) attended the deceased from 3 that (I) (we) lost saw the deceased alive an 3 - 25 and haur and fram the causes stated above. (I) (We) (did) (did tot) v | riew the body after a | and that in(my) (| apinion death occurred or |
| (APPROX.) 22. I certify that (I) (This hespital) attended the deceased from 3 that (I) (we) lost saw the deceased alive an 3 - 25 and haur and fram the causes stated above. (I) (We) (did) (did tot) v | 1966 view the body after a | and that in(my) (see the state of the state | tapinion death occurred or |
| 22. I certify that (I) (This hespital) attended the deceased from 3. that (I) (we) lost saw the deceased alive an 3-25 and haur and from the causes stated above. (I) (We) (did) (did of the pt) v 23A. SIGNATURE Attemo Acaga M.D. Atte | 1966 view the body after a | and that in(my) (see | apinion death occurred or |
| 22. I certify that (1) (This hespital) attended the deceased from 3. that (1) (we) lost saw the deceased alive an 3. and haur and fram the causes stated abave. (1) (We) (did) (did only) v 23A. SIGNATURE Attended Type) M.D. Attended Type) | 1966 riew the body after cending Med. | and that in(my) (see | apinion death occurred or |
| 22. I certify that (1) (This hespital) attended the deceased from 3 | riew the body after and and Directo 23D. ADDRESS | and that in(my) (see | apinion death occurred or |
| 22. I certify that (I) (This hespital) attended the deceased from 3. that (I) (we) lost saw the deceased alive an 3-25 and haur and fram the causes stated abave. (I) (We) (did) (did of) v 23A. SIGNATURE Attended the deceased from 3. Attended t | 19 6 6 riew the body after of the state of t | and that in(my) to leath. Stoff Phys. 12 24D. LOCATION | 238. DATE SIGNED 238. DATE SIGNED |
| 22. I certify that (I) (This hespital) attended the deceased from 3 | riew the body after of the bod | Stoff Phys. 24D. LOCATION Baltimore | 23B DATE SIGNED MANCH 25 (City, town, or county) |
| 22. I certify that (I) (This hespital) attended the deceased from 3. that (I) (we) lost saw the deceased alive an 3-25 and haur and fram the causes stated abave. (I) (We) (did) (did of) v 23A. SIGNATURE Attended the deceased from 3. Attended t | riew the body after of the bod | and that in(my) to leath. Stoff Phys. 12 24D. LOCATION | 23B DATE SIGNED MANCH 25 (City, town, or county) |

- phinisteria Magalite " (sugetire west failer Europhysenia, severa

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 2 ARCH 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased live). If A. STATE (If not in hospital or institution, give street HOSPITAL OR oddress or location) OR TOWN A (If outside city limits, write RURAL and give township) INSTITUTION rurol, give (acotion) 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 24 Hrs. Hours Min. 9. AGE (In years If Under 1 Yr. Months: Doys WIDOWED, DIVORCED Aspecify) Hours lost birthdoyl de arric 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME Fredericka Keller 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL Husband ADDRESS (Yes, nagot/unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH 1B. 44 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21D. TIME OF INJURY (Month) (Doy) (Year) (Hout) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from ARCH 2419 66 that (1) (we) last saw the deceased alive on... and that in (mp.) (aur) apinian death accurred an the date and haur and from the causes stated above. (19-(We) (did) (did) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) UNION MEMORIAL EVAN HOSPITAL M.D 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial 3/28/66 Oak Lawn Cemetery Baltimore. Md. 25c FUNERAL DIRECTOR FUNERAL Home, Inc. 3331 Brehms Lane 258 NAME OF REGISTEAR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS

1 1 1 1 1 1

144 334 14 (44)

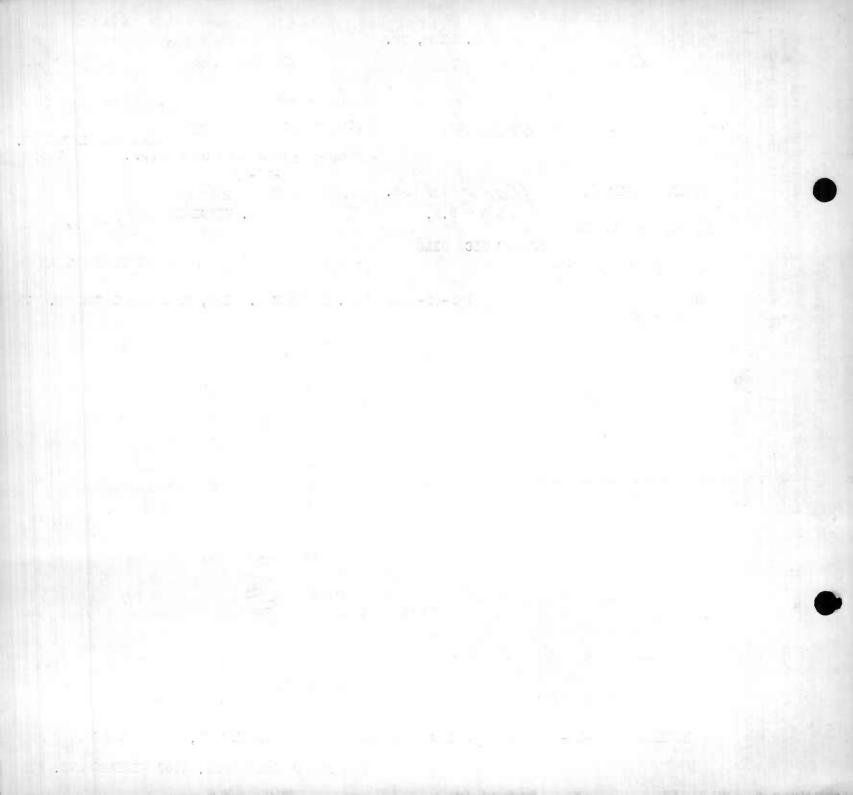
| | RTH NO. 66 (3110) CERTIFICA | TE OF DEATH Registered No. | 6 ()3110 |
|---|--|--|--|
| 1. (T | LE CASE NO. NAME OF DECEASED (PP of Print) PLACE OF DEATH IN BALTIMORE, MARYLAND | 2. DATE AND HOUR OF DEATH | 750 P. |
| 31 | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION | D. STREET ADDRESS (If turol, give location) | MORE RURAL ond give township) DUNDALK |
| made. | Temale White Never Married | 3. DATE OF BIRTH 9. AGE (In years tost birthdoy) | If Under 1 YI. If Under 24 His. Min. |
| de | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1 no during most of working life, even if retired) STUDENT No Pto Jro High School | Maryland | 12, CITIZEN OF WHAT COUNTRY? |
| | WILLIAM MORTON | Shirley Smith | |
| | es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | RECORDS:BCH 4940 Eastern A | venue 21224 |
| | 18. 4 7 A I | | INTERVAL BETWEEN ONSET AND DEATH |
| mains are embal | DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. | abetie audoris | Za |
| CITA CITITAT | 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? LOSE |
| 0 14 0 | OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 B. PLACE OF INJURY (e.g., in home, form, factory, street, offi | or about 21 C. WHERE DID (If in Baltimore | e City, give exact lacotion) |
| AARD | OF INTURY | 21F. HOW DID INJURY OCCUR? | |
| An accident of any in A. at a hospital (excel prior to death); and pproval must be obtai | Dr. Benjamin Hughes M.D. | ew the body ofter death. Med. Stoff Phys. 3D. Address 4940 Eastern Avenue Baltim | 238. DATE SIGNED 3/6/ |
| | A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Purial A. Date Rec'd by Health Dept. 25B. NAME OF REGISTRAR | 7225 Eastern Ave. 1 | ADDRESS |
| | MAR 28 1966 Robert E. Lalley MA. 150-REV. 1/1/65 | JOHN J. DUDA, Dumdalk, 1 | THE PARTY NAMED IN THE PARTY NAM |

Construction of the State Chief Service Construction of

THE STREET STREET

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| | 66 0311 | 1) | BALTIMORE CITY | HEALTH DEPARTMENT | | 0 . 01.10 |
|----------------|---|----------------|-------------------------------|--------------------------|-----------------------------------|--|
| BIRTH NO. | 00 (1973 | | CERTIFICA | TE OF DEATH | Registered No. | 6 03112 |
| M.E. CASE NO | | JOHN | A. BIRD, SR. | | AND HOUR OF DEATH | |
| Type or Print) | BIRN | OhN | A | 3- | -22-66 | 11:40 p.m. |
| PLACE OF | DEATH IN BALTIMORE, MA | ARYLAND | _/// | 4. USUAL RESIDENCE | Where deceased lived, if in | stitution: residence before admission) |
| F1444 11111 | | | | MARYLA! | TOUNTY | 10-111 |
| HOSPITAL | OR oddress or locatio | | give sheet | 11100 | f outside city limits, write | RURAL and give township) |
| INSTITUTION | Secours | Hage | rital | 72 16 | RE BALTIMORE | |
| DON | Decours | 11000 | 1141 | D. STREET ADDRESS | (If turol, give location) | 3565 BENZINGER RD. |
| | | | | 3565 Be | NZINGER | Kdr 21229 |
| • SEX | 6. RACE | | NEVER MARRIED | | 20 90 SE (In years lost birthday) | If Under 1 Yi., If Under 24 Hrs. |
| MAKE | WHITE W | Max | OR OR OR MAR. | 11/20/05 | 60 60 | Months Doys Hours Min. |
| | st of working life, even if retired) | | O R. R. | 11. BIRTHPLACE (State of | W. VIRGINIA | 12. CITIZEN OF WHAT COUNTRY? |
| Ketir | ed CLERK | BYO. | , R.R. | West Vil | ROINIA | U.S.A. |
| 3. FATHER'S | NAME | ASBURG F | RIOE BIRD | 14. MOTHERS MAIDEN | NAME | |
| BIR | A HShURY | | | Protoptio | ANNA | MAY PRRTERFIELD |
| 5. Was Decod | sed Ever in U. S. Armed Fo | ices? | 16. SOCIAL | 17. INFORMANT | a dy | ADDRESS |
| NO OLUNKA | nown) (If yes, give war or date | es of service) | 705-05-8046 | MDC DAILTINE | D DIDD 2565 | BENZINGER DD #00 |
| 18, | 001 | | CAUSE 0 | | K. DIKD, 3303 | BENZINGER RD. #29 |
| 0 | TASE OF COMPUTON DU | DE CEL V | CAUSE O | PULAIR | | ONSET AND DEATH |
| Dis | SEASE OR CONDITION DI LEADING TO DEATH | | Caro | liepulminary | +ailine | months. |
| | s nal mean the made al | | DUE TO | liepulnisnary | | |
| | uie, asthenia, etc. It means camplication which caused | | | | | |
| | ANTECEDENT CAUSES | 5 | (8) | comic cor- jo | ulmorale | years. |
| DISEASES | S OR CONDITIONS, il | | 4.0 | | | |
| iise to | The above cause (A) | | (C) E | yphysena | | years. |
| UNDERLY | YING CONDITION last. | | | 0 | | |
| TO THE | IGNIFICANT CONDITIONS CONDENT BUT NOT RELA | ATED TO TH | G E | | | |
| 4.3 | OF OPERATION 198. CON | | WHICH OPERATION | 20A. AUTOPSY? (Yes o | Nol 208. IF YES, WERE | FINDINGS CONSIDERED |
| ERTIE 2 | WAS PER | | | Yes | IN CERTIFYING CA | USES OF DEATH? |
| U 21 A. ACC | IDENT WAS UNDERLYING | | PLACE OF INJURY (e.g., in | or about 21 C. WHERE DI | D ((f in Boltimore | City, give exact location) |
| | RIBUTING CAUSE OF officer medical examiner | hom etc. | ie, form, foctory, street, of | fice bldg., INJURY OCCUP | 1? | |
| 21D. TIME | | (Hour) 215 | INJURY OCCURRED | 215 HOW DID | INJURY OCCUR? | |
| OF INJUR | Υ | | ile At [Not While | | INJURY OCCUR: | |
| (APPROX.) | | Wo | | | | |
| 22. 1 cert | tify that (1) (this hospita | l) ottended tl | he deceosed from | March 10 | 19 6 10 | March 22 19 66. |
| thot (1) (| we) lost saw the decease | ed olive on | Merch | 2219 66 and | that in (my) (our) opl | nion deoth occurred on the dote |
| ond hour | ond from the couses sto | ted above. (I |) (We) (did) (did not) v | | | |
| 23A. SIGN. | | 1 | | | | 23B. DATE SIGNED |
| | Jan V. de Le | m. / , | m. J. M.D. Atte | nding Med. | Stoff Phys. | march 22, 1966 |
| 23C. PHYSI | / ICIAN'S | - / | Phy | 23D. ADDRESS | Phys. uz | 71.00 |
| NAM | JOSE V. DE LEO | N10 | M.D. | Boy Secours | Hospital | D . |
| | CREMATION, 248. DATE | , | AME of CEMETERY of CRE | MATORY 241 | D. LOCATION (Ci | ty, town, or county) (State) |
| BURI | AL (Specify) 3-26-66 | MEAT | DOLIDIDOE MEMOL | TAT DADY | BALTIMORE, | MARYLAND |
| | C'D BY HEALTH DEPT. | | DOWRIDGE MEMOR | 25C. FUNERAL DIREC | | ADDRESS |
| MAB | 22 1032 A A | 46.44 | e Daniel | 1 1 2 | | 7 WILKENS AVE. #29 |
| /\$ 150-REV. 1 | /1/65 | T C . SIC | Philippin | HODDAKD FONE | TATE HOLDS 410 | ATTICUMO ELATO |
| A . AA LIF A! | W | | | | | |



Such

and death

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MARCH 24, 1966 12:45 P.M. M. WILLIAM N REED 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY FULL NAME OF HOSPITAL OR MARYLAND (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL ond give township) INSTITUTION BALTIMORE 344 OAKLEE VILLAGE 21229 D. STREET ADDRESS (If turol, give location) 344 OAKLEE VILLAGE 21229 made, 6. RACE 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) lost birthdoy) Hours WHITE MALE MARRIED NOV. 1, 1901 6.

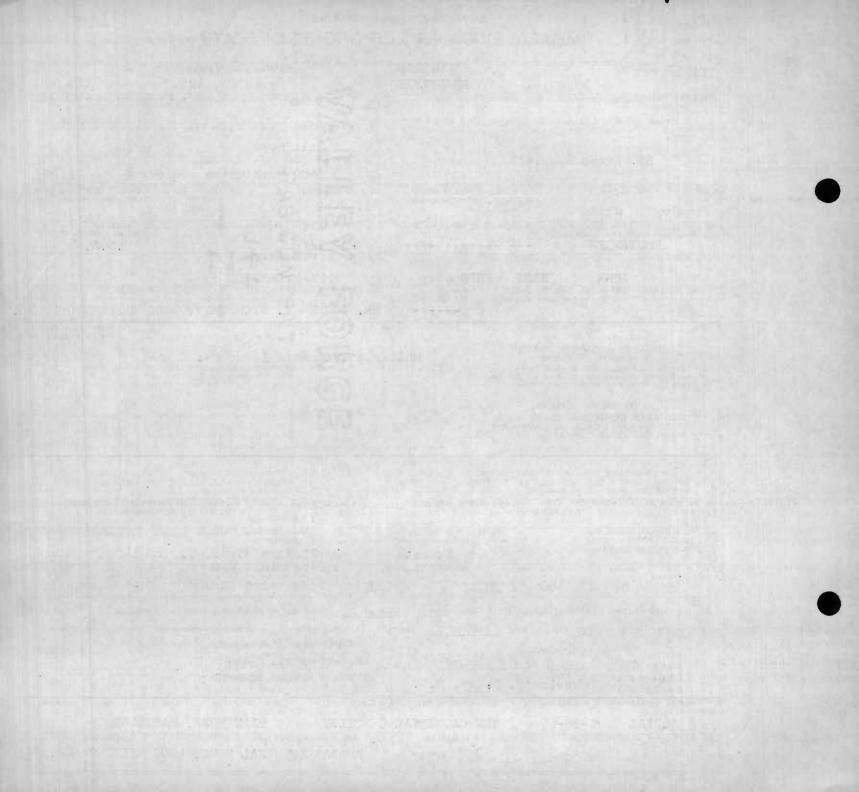
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lite, even it retired) CHECKER BETHLEHEM STEEL CO. MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM S. REED KATHERIN BYRD 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 215-07-4659 MRS. NO ETHEL M REED 344 OAKLEE VILLAGE 21229 CAUSE OF DEATH INTERVAL BETWEEN OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, emba injuly or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the the remains UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) OF INJURY obtained (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did)((did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [written approval Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) ROBERT DUVALL MEDICAL ARTS BUILDING M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) -28-66 DEPT. MEADOWRIDGE MEMORIAL PARK BALTIMORE MARYLAND 25A. DATE REC'D BY 25C. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #29 North Annual State of the Control of Carrier Company of the Company of th

MARKED 4-7-16 49 HULLICH STORY TO THE PARTY OF T HRADEZ SZOTT-BARONEJ ISTER 476-C-715 HORPAN dia (1 spendage) del market BY WE MIRROR West with

| Di | RTH | 0.54 | ^ |
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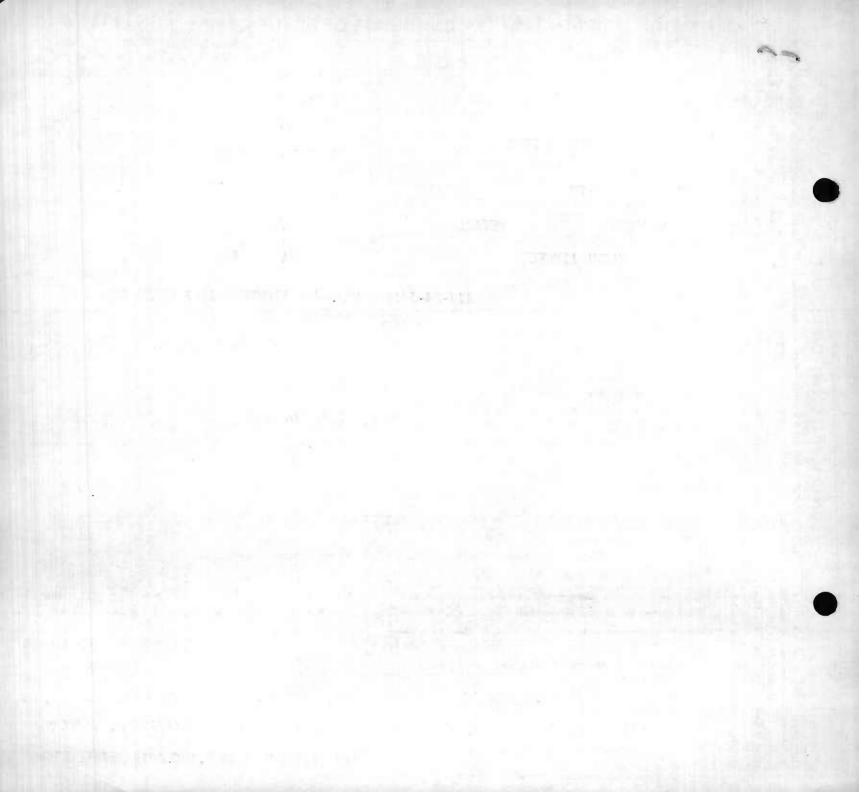
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

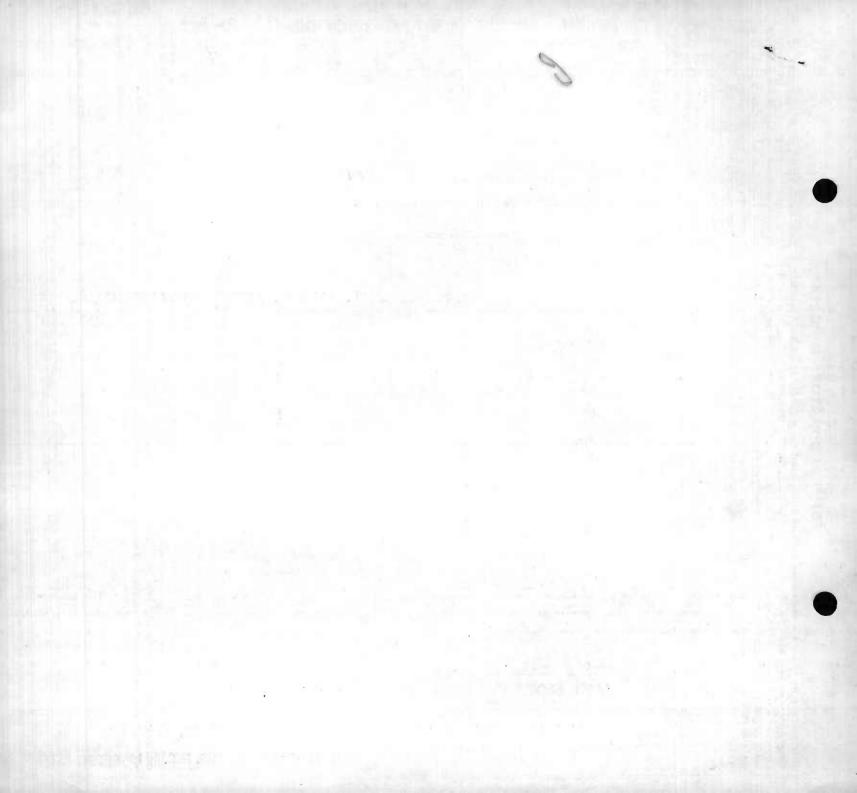
| M.E. CASE NO. | | | | | X | | | |
|--|---|---|--------------------------------|--------------------|----------------------------------|---|-------------------------|----------------------------|
| 1. NAME OF DECEA | SED | | EICHELMAN | Maria 1 in 1 | 2. DATE AND | HOUR PRONOUNCE | _ | |
| trype of Fills | ROSE A | DA | KKKKKKKKK | | March | 23, 1966 | , 7 | :20 P |
| FULL NAME OF HOSPITAL OR | ORE, MARYLAND, W | HERE PRONOU | | A. STATE Ma | ryland | eceosed lived. If insti- B. COU | NTY /30 | UNF |
| NOITUTITZNI | | | | Ва | 1timore | | 537 | 20 |
|) St. | Agnes Hosp | ital | | D. STREET ADD | RESS (If rurol, | ngton Boule | vard | 21227 |
| 5. SEX 6. | RACE | 7 AA APPLED | NEVER MARRIED | B. DATE OF BIRT | | 9. AGE (In years | If Under 1 Yr. | |
| Female | White | | LYORCED (specify) | 11-8-92 | | last birthdoy 73 | Months Doys | Hours Min. |
| done during most of wor | | 108. KIND OF | BUSINESS OR INDUSTR | MARYLA | ND | co untry) | 12. CITIZEN OF WHAT COU | |
| 13. FATHER'S NAME | JOHN B | BBN K | ERN | 14. MOTHER'S M | McCORMI | CK | | |
| | EVER IN U.S. ARMED | FORCES? | 16. SO CIAL | 17. INFORMANT | 110 001413 | | ADDRESS | |
| (Yes, no or unknown) (If NO | yes, give wor or date | s of service) | SECURITY NO. | MR. JOSEP | H F. EIC | HELMAN, 340 | OO WASHIN | GTON BLV |
| (This does not heart failure, as injury or compl | OR CONDITION DI EADING TO DEATH mean the mode of sthenio, etc. It means icotion which coused | dying, e.g., the disease, death.) | | e OF DEATH | atic Inj | uries. | | VAL BETWEEN T AND DEATH |
| RISE TO THE A UNDERLYING OTHER SIGNIF | CONDITIONS, IF A ABOVE CAUSE (A) S' CONDITION LAST. II ICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING | CONTRIBUTING THE | | | | | | |
| 19A. DATE OF O | PERATION 198. CON WAS PER | | VHICH OPERATION | | | OB. IF YES, WERE FIN N CERTIFYING CAUS | | Yes |
| 21 A, EXTERNAL OUNDERLYING TO UTING CAUSE | R CONTRIB- | 21 B. F home, etc.) | form, foctory, street, Street | | | in Boltimore City, given 1981 St. of | | |
| OF INJURY (APPROX.) | 3 23 166 | | HILE AT NOT AT V | | destriiar | struck by | auto 3 | 3-00 |
| ACTUAL SIGNATUR | that I held an I | nquiry A | Inspection Au | ortapsy X on Homic | d that an this ide U EDICAL EXA | bosis, death in mandetermined manne | y opinian | TE SIGNED |
| EXAMINEI NAME (Ty | pe) Charle | | tty, M.D. | | | | town, or county) | (Stote) |
| REMOVAL (Specify) BURIAL | | | W CATHEDRAL | | | CATION (City, | | (31016) |
| 24A. DATE REC'D BY | HEALTH DEPT. | | OF REGISTRAR | | FUNERA | L HOME, 410 | ADDRES 7 WILKENS | |
| VS 151-REV. 1/1/65 | N S E | 77 | | | () | | | |

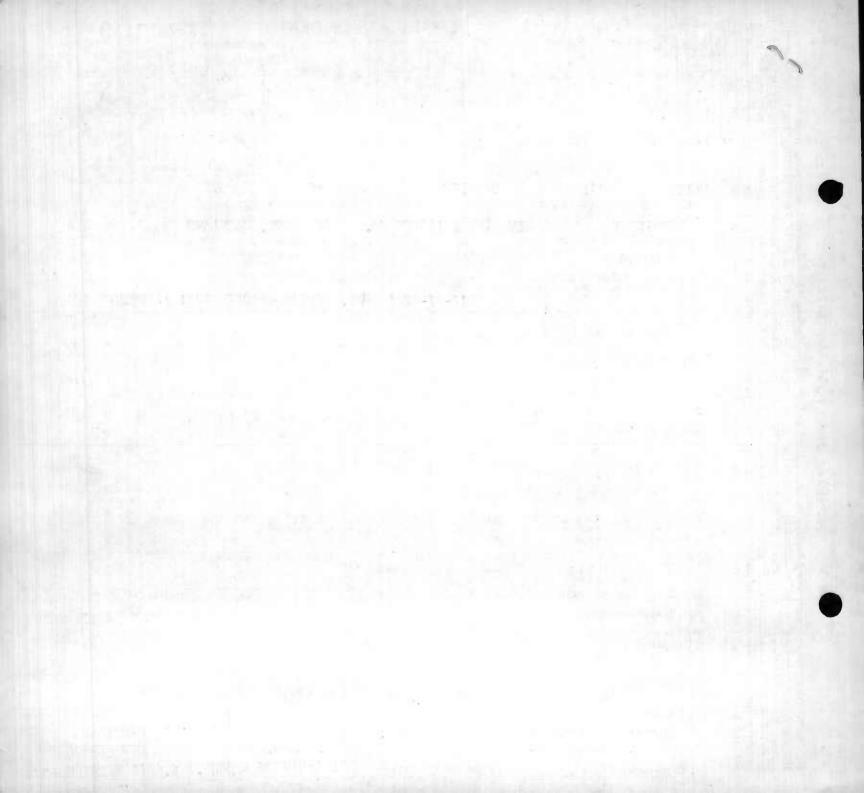


BALTIMORE CITY HEALTH DEPARTMENT

And the state of t







| BIRTH NO. 66 (13120) | BALTIMORE CITY | HEALTH DEPARTMENT | | 66 03120 |
|--|--|--------------------------------|------------------------------------|---|
| BIRTH NO. M.E. CASE NO. | CERTIFICA | TE OF DEATH | Registered No. | |
| I. NAME OF DECEASED | ~ | 2. DATE AN | D HOUR OF DEATH | 1 |
| (Typo or Print) ROBERT S | Phapos | MARC | 4 27 19 | 66 110 30 0 |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | 1111003 | 4. USUAL RESIDENCE (When | e deceased lived. If | institution: residence before edmission |
| | | A. STATE B. COUN | TY | 1 many |
| FULL NAME OF (If not in hospital or institut oddress or location) | ion, givo streot | MaryLAND | d | 7-0-6 |
| INSTITUTION | | C. CITY OR TOWN (If out | - | RURAL and give fownship) |
| 3703 FALLSTAFF | Barrel | DESTREET ADDRESS (II | rurol, give location) | |
| 9 109 1 11231 1117 | 0)049 | | | 720 |
| C CEN II AAAA | NED MEVER ALABRED | 1 | STAFF | 150 |
| WIDO | RIED, NEVER MARRIED OWED, DIVORCED (specify) | . / / | 9. AGE (In years lost birthday) | Months Doys Hours Min. |
| | QRRIED | 10/1/1903 | 62 | |
| IOA. USUAL OCCUPATION (Give kind of work) 10 B. KIN done during most of working life, even if retired) | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stoto or forei | gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| | hoss | BUSSIA | | U.S.A. |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | ME | |
| Fine | | Forton | | |
| ELLIS | 11/ 2001/ | ESTHER | | |
| 5. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yos, give wor or dotos of sorvi | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| No | 216-01-3223 | Sonder Shar | 2005 | SAME |
| 18. K 20 . / 1 | CAUSE O | 0 1111 | | INTERVAL BETWEEN |
| DISEASE OR CONDITION DIRECTLY | Rec | unent | , , , | ONSET AND DEATH |
| LEADING TO DEATH | in acu | & nuncardial | works | can |
| (This does not meon the mode of dying, | e.g., DUE TO | · P. | -11- | |
| heart foilure, osthenio, etc. It means the dise | ase, | voterios co- | ons | |
| ANTECEDENT CAUSES | (B) | | | |
| DISEASES OR CONDITIONS, if any, gi | DUE TO | | | |
| rise to the above couse (A) stating | | | | |
| UNDERLYING CONDITION losi. | | | | |
| _ 11 | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING | | | | |
| DISEASE OR CONDITION CAUSING IT. | | | | |
| 19A. DATE OF OPERATION 198. CONDITION F | OR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No | 10 B. IF YES, WERE | FINDINGS CONSIDERED AUSES OF DEATH? |
| | | 000 | | |
| OR CONTRIBUTING CAUSE OF | 21B. PLACE OF INJURY (o.g., in home, form, foctory, street, of | fice bldg, INJURY OCCUR? | (If in Boltimo | oro City, give exact location) |
| DEATH (notify medical examiner) | etc.) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED | 21F. HOW DID INJ | URY OCCUR? | |
| ₩ OF INJURY (APPROX.) | While At Not While | e 🗆 | | |
| · · · · · · · · · · · · · · · · · · · | Work At Work | | | 21-2/1 |
| 22. I certify that (I) (this hospital) attend | ed the deceosed from | 1962 | 19ta | 7//66 19 |
| that (1) (we) lost saw the deceased alive | an 3/21/66 | 19and the | ot In(my) (our) op | piniun death occurred on the |
| and hour and from the causes stated above | e. (I) (We) (did) (did not) v | iew the body ofter death. | | |
| 23A. SIGNATURE | | | | 23 B. DATE SIGNED |
| Thro B. Barrel | M.D. Atte | Med. Director | Stoff | 3128111 |
| 23C. PHYSICIAN'S | | 23D. ADDRESS | Phys. | 1,0/00 |
| NAME (Typo) | | TOP. ADDRESS | | |
| Milton B. Kirsh | M.D. | NorthernParkwa | av | |
| 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | C. NAME of CEMETERY OF CRE | | OCATION (C | City, town, or county) (State |
| BARIAL 3/28/1966 | WINdsor MIL | LKD BO | RLTIMORE | mo |
| SA DATE REC'D BY HEALTH DEPT - 250 NA | ME OF REGISTRAR | | | |
| MAR 23 11956 (12) 5 2 3 | TO JAMES TO | SYLUAN SILEU | VIS + SON - | 3319 OLYMPIA A |
| 150 05W 1/1// | | | | |
| 'S 150-REV. 1/1/65 | | 6.0 | | |

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

FRANK FOR THOMPSON MINCH 26 ME 4 MARY LAWD WHITE A ALL M GANCUSTUR 8 11/84 128 RETIRED TO MARKEDING OF A JOSEPH THOMPSON CATHERINE CALLORY San La Transfer TSANS I I I BEKEDROVASCULAR ACCIDENT (MINISHE

NO

25 MARCH 26 66 66 MARCH 26

Ohacles E. Bornij gr

X : 4100 25 26 26

Begins string warned representations

Charles & F. J. J. Miller and A.

IMPORTANT

FUNERAL DIRECTOR:

Jan Multz וומדי נודע מסוך PERLIBNITIS Nowwell I PHIN-DIK TWEELINGS! I

MAR 29 VS 150-REV. 1/1/65

| | | BALTIMORE CITY | HEALTH DEPARTA | | |
|---|----------------------|--|---|----------------------------|--|
| HRTH NO. 66 (13) | 123 | CERTIFICA | TE OF DEA | ATH Registered | No 66 13123 |
| NAME OF DECEASED | | | 2. | DATE AND HOUR OF D | EATH |
| Type or Print) ROSE Mo | KIN | NEY | | 3-25-60 | 8:00 P |
| PLACE OF DEATH IN BALTIMORE, MA | RYLAND | | 4. USUAL RESIDEN | CE (Where deceased liver | d. If institution: residence before admissi |
| SHILL MANE OF A 11 and in hearing | - to astalas | | MARYLA | | - 11-7 |
| FULL NAME OF (If not in hospital of address or lacotion | | give street | | Ilf outside city limits, | write RURAL and give township) |
| UNIVERSITY | HOS | SPITAL | BALTIM | | |
| | | | | S (If rural, give lacation | on) |
| 0 | | | 809 57 | . PAUL ST. | |
| S. SEX 6. RACE | | , NEVER MARRIED | B. DATE OF BIRTH | 9. AGF (In year | s If Under 1 Yr. If Under 24 H Manths Days Haurs Min. |
| FW | WIDOWE | DIVORCED (specify) | 7-4-2 | lost birthday) | Manths Days Haurs Min. |
| OA, USUAL OCCUPATION (Give kind of work | 108, KIND O | | | | 12. CITIZEN OF |
| ane during mast of working life, even if retired) | | | | | WHAT COUNTRY? |
| Laborer | Aircr | aft | Maryland | | 028 |
| 3. FATHER'S NAME | | | 14. MOTHERS MAI | | |
| LEROY STAUB | | | ROSE | GOMERIA | |
| 5. Was Deceased Ever in U. S. Armed Ford Yes, na or unknawn) (If yes, give war or date: | es? s of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | 54 | 514 Greenhill Ave. |
| NO | | | Mrs - Edward | | alto., Md. 21206 |
| 18. 16. 0 | | CAUSE O | | Telunoii De | INTERVAL BETWEEN |
| DISEASES OR CONDITIONS, il orise to the obove cause (A) UNDERLYING CONDITION tost. | | | 0.000.0.000 | | |
| OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I | TED TO TI | NG HE | | | |
| 19A. DATE OF OPERATION 19B. CON | ORMED | WHICH OPERATION | 20 A. AUTOPSY? | Yes or No. 20B, IF YES, Y | WERE FINDINGS CONSIDERED G CAUSES OF DEATH? |
| OR CONTRIBUTING CAUSE OF | VO 21 had | B. PLACE OF INJURY (e.g., in me, form, factory, street, at | ar about 21C. WHER | E DID Ulf in 80 | altimore City, give exact lacation) |
| 21D. TIME (Month) (Doy) (Year) | (Haur) 21 | E. INJURY OCCURRED | 21F. HOW | DID INJURY OCCUR? | |
| (APPROX) | | hile At Not While At Work | e | | |
| 22 1 | | | | 10 // | MAD (4) 25 12 (6) |
| 22. I certify that (1) (this hospital | | | MARCH | 19 6610 | MARCH 25 19 65 |
| that (1) (we) lost saw the decease | d olive an. | 1101204 2 | 5 19 6 G | and that in (my) | Dopinian deoth accurred on the c |
| and havr and fram the causes stat | ed above. | (I) (Ma) (did) (didensor) v | iew the bady after | r deoth. | |
| 23A. SIGNATURE | | | | | 238. DATE SIGNED |
| K.S. Ohno | | M.D. Atte | ending Med. S. Direc | tor Stoff Phys. | 3-25-66 |
| 23C. PHYSICIAN'S | | | 23D. ADDRESS | | |
| NAME (Type) | | M.D. | 4202 | GREPNU | 84 # 16 |
| 4A. BURIAL CREMATION, 24B. DATE | 24C. N | NAME of CEMETERY OF CRE | | 24D. LOCATION | [City, town, or county] |
| REMOVAL (Specify) | | | | | |
| Burial 3/28/66 | | ly Redeemer Cer | | Baltimore, | Maryland |
| SA. DATE REC'D BY HEALTH DEPT. | 25B. NAME | OF REGISTRAR | 25C. FUNERAL D | DIRECTOR | - ADDRESS |

Bruzdzinski

James

1407 Eastern Ave. #21

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Mile and anticology of branch are such at his

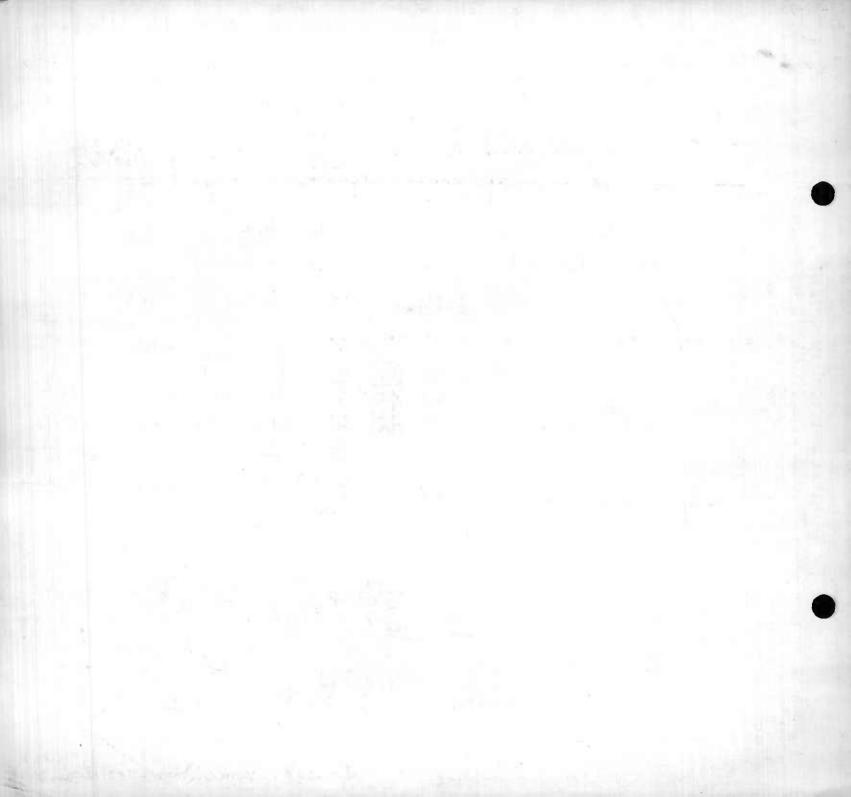
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Day on a preting 2007 Inhant have a series

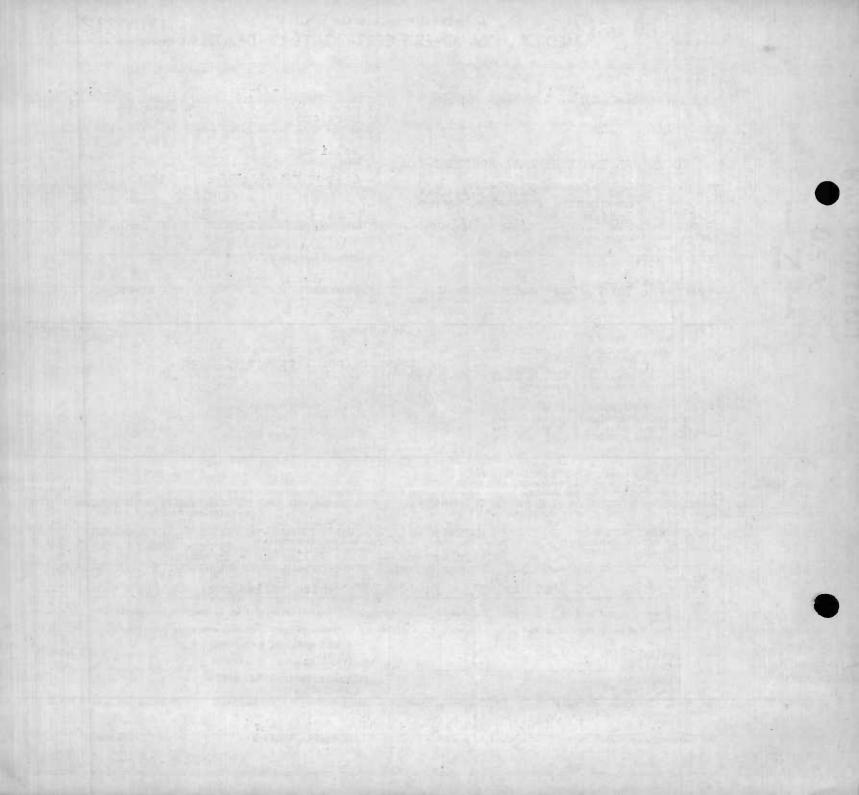
IMPORTANT

DIRECTOR:

FUNERAL



| BIRTH NO. MEDICAL EXAMINER'S | LERIFICATE OF DEATH Registered No. |
|---|---|
| M.E. CASE NO. | |
| 1. NAME OF DECEASED (Type or Print) | 2. DATE AND HOUR PRONOUNCED DEAD |
| LARRY W. HUNT | 3-27-66 11:45 A. M. |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | A. STATE Maryland |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) |
| INSTITUTION | Baltimore |
| SOUTH BALTIMORE GENERAL HOSPITAL-DOA | D. STREET ADDRESS (If rural, give location) |
| | 4113 Morrison Court 21226 |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manihs, Days, Hours, Min. |
| Male Indian Marued Marued | March 22, 1948 18 |
| 10A, USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| dane during most of working life, even if retired) | N. Caro hime WHAT COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Edans II. + | Chester tocklear |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS |
| (Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO. | FAMILY Same |
| NO III | , , , , , , |
| CAU | SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Drov | mine and functions of mosts |
| (This does not mean the made of dying e.g., heat failure, asthenia, etc. It means the disease, injury or camplication which caused death.) | wning and fracture of neck |
| ANTECENDENT CAUSES | |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | |
| | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION WAS PERFORMED | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OR CONDITION CAUSING IT. | |
| 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | Yes Yes Yes |
| UNDERLYING OR CONTRIB- hame, farm, factory, street, | office bldg, NJURY OCCUR? Monroe Street and Gwynns |
| | Falls Run - In water |
| OF INJURY (Manth) (Day) (Year) 11:30 21E, INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? Passenger in truck |
| (APPROX.) 2 26 166 DM WHILE AT TO NOT | WHILE which rolled over on sharp curve into |
| 22. | utapsy and that on this basis, death in my apinion water |
| | |
| resulted fram: Natural causes Accident Suici | |
| ACTUAL PMC. M. M. | CHIEF MEDICAL EXAMINER L. DATE SIGNED |
| SIGNATURE M. | D. ASSISTANT MEDICAL EXAMINER |
| EXAMINER'S NAME (Type) | ASSOCIATE MEDICAL EXAMINER |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY | or CREMATORY 23D. LOCATION (City, town, or county) (State) |
| REMOVAL (Specify) | Com. Chen Burne MD. |
| 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR | 24C, FUNERAL DIRECTOR ADDRESS |
| 110 00 1000 A A A A | 04 -11-68 |
| MAR NO 1900 OLC - C. CONTINUE | Mc Cally Funeral Home 237 Cartages and |
| Ve 10 000 10 //2 | |



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

| BIRTH NO. | MEDI | CAL EX | (AMINER'S CI | ERTIFIC | CATE OF D | EATH Register | red No. | |
|---|---|------------------------|---|--|--|---|-------------------------------------|--|
| M.E. CASE NO. | | | | 3/10/11 | | | | |
| 1. NAME OF DE | | | | | | 26/ 1966 | ED DEAD . 5:35 | |
| 2 PLACE IN RAI | Paul Campbel: | | INCED DEAD | IA HEHAL | | | tution: residence before admi: | |
| . PLACE IN BAL | IIMORE MARILAND, WI | HERE PRONO | DINCED DEAD | A. STATE | Maryland | B. COU | NTY | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | | | | C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) | | | | |
| NSTITUTION" | ADDRESS ON LOCA | | | | Baltimore | | 53-00 | |
| City Hospitals | | | | D. STREET ADDRESS (If rurol, give location) | | | | |
| | orty nospita. | | 27 | Mulberry I | ane | (20) | | |
| . SEX | 6. RACE | | NEVER MARRIED | 8. DATE OF | BIRTH | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 | |
| Male | White | 2.5 | pried (specify) | July | 23.1926 | 39 | TAIGHT DOYS 110018 | |
| OA. USUAL OCC | UPATION (Give kind of work working life, even if retired) | | | 11. BIRTHPL | ACE (State or foreign | country) | 12. CITIZEN OF | |
| et Up M | an Purchase | GIDTA | mes Mobile | | Va. | | U.S.A. | |
| B. FATHER'S NA | | 110 | mes | 14. MOTHE | S MAIDEN NAME | | | |
| Clare | nce A. Camp | bell | | Rut | h Rolls | | | |
| . WAS DECEAS | ED EVER IN U.S. ARMED | FORCES? | 16. SO CIAL SECURITY NO. | 17. INFORM | ANT | | ADDRESS | |
| ves | W.W.2 | or service. | | Betty | J. Campbe | ell 27 Mul | berry Lane | |
| 1B. 4. 9 | 0 / | | CAUSE | OF DEATH | | | INTERVAL BETW | |
| DISEA | SE OR CONDITION DIE | RECTLY | | | | ardiovascula | | |
| DISEASES RISE TO TH UNDERLYI | ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (AI ST ING CONDITION LAST. | NY, GIVING | (BL DUE TO | | | | | |
| <u> </u> | 1 | Charles . | (C) | | | | | |
| DI TO THE | SNIFICANT CONDITIONS OF THE CONDITIONS OF THE CONDITION CAUSING | ATED TO T | | | | *************************************** | | |
| - | | DITION FOR | WHICH OPERATION | Yes | | OB. IF YES, WERE FIN | NDINGS CONSIDERED SES OF DEATH? Yes | |
| UNDERLYING | AL CAUSE WAS OR CONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., form, foctory, street, c | in or obout 2 office bldg., II | IC. WHERE DID | f in Boltimore City, gi | ve exoct locotion) | |
| 21D TIME OF INJURY (APPROX.) | (Month) (Doyl (Yeor | , | WHILE AT NOT AT W | WHILE | F. HOW DID INJU | RY OCCUR? | | |
| 22. | | | | | and that as AL | . hasis J4h ! | w opinion | |
| | rtify that I held on Ir | | | opsy X | | s bosis, deoth in m | | |
| resu | Ited from: Natural cou | ses X | Suictd | | | ndetermined monne | ir | |
| ACTUA SIGNAT EXAMI | NER'S WETNET U. | Spitz, | M. D. M.D. | ASSISTAN | F MEDICAL EX IT MEDICAL EX FE MEDICAL EX | AMINER 3 | DATE SIGNE . 27. 1966 | |
| NAME (3A. BURIAL CRI EMOVAL (Specification) | EMATION, 23B. DATE | | C. NAME of CEMETERY o | CREMATO | | | town, or countyl (Stot | |
| Burial | " β-30-1 | 966 N | lational | | Win | nchester, | Va. | |
| | BY HEALTH DEPT. | | OF REGISTRAR | 24C. F | JNERAL DIRECTOR | | ADDRESS | |
| MAR 2 | 9 33 (10. | F.8. | a Coupta | G.H | oward St | rong 3207 | W.North Ave | |
| 'S 151-REV. 1/1. | /65 | | | 0 8 | | | | |

. M. W. etchi, . D. mesik , ESTELL DATE CHARLES OF BUILDING BUILDING DEPOSIT OF THE PARTY OF THE

| | BALTIMORE CITY HEALTH DEPAR | RTMENT | |
|--|--|---|--|
| BIRTH NO. (CC 12127 | CERTIFICATE OF DE | EATH Registered No. | 6 03127 |
| I. NAME OF DECEASED | | 2. DATE AND HOUR OF DEATH | O CHILLY |
| (Type or Print) Happy (1) a vteo | | 26 Muale 6 | 1300 |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | 4. USUAL RESID | DENCE tWhere deceased tived. If inst | titution: residence before admission) |
| | A. STATE | B. COUNTY | D 2 8 |
| FULL NAME OF (If not in hospital ar institution, give s HOSPITAL OR address or location) | C. CITY OR TON | A/N /// All and idea of the first and a first | 200 |
| INSTITUTION | 3 01 | WN (If outside city limits, write RU | JKAL and give township) |
| \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | D. STREET ADD | RESS (If rurol, give location) | |
| Maryland General | (+DSD) 111110 | 7000 | |
| | - 4140 | Falls Re | |
| 5. SEX 8. RACE 7. MARRIED, NEV WIDOWED, DIV | R MARRIED ORCED (specify) B. DATE OF BIRT | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. |
| Male Call. Wison | | 19174 | P |
| 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI | NESS OR INDUSTRY 11. BIRTHPLACE | (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Edita Jast of mile Rot DI | 1 | 1.1.1011 | 1256 |
| 3. FATHER'S NAME | A MOTHER'S A | MAIDEN NAME A | . 0314 |
| 1 = : : 1 | The Montes is | A A | |
| William Watter | Pora | Tearl | |
| | OCIAL TO THE TOTAL | | ADDRESS |
| | 12 DE MAKE 11/m) | La la terior | = 1 1 1PD |
| 18. | CAUSE OF DEATH | 6. League 110. | INTERVAL BETWEEN |
| 10 516 | OAGU GI GEAIII | . 1 .5. 1 | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | PULMON, | Arry Erryson | |
| IThis does not mean the made of dying, e.g., | DUE TO | | |
| heart failure, osthenia, etc. It means the diseose. | 00000 10 | 20 0000 | (|
| injury or complication which coused death.) | CARCOLOGO | IA of cos, | |
| ANTECEDENT CAUSES | DUE TO | | |
| DISEASES OR CONDITIONS, if any, giving | | | |
| rise to the obove cause (A) stating the UNDERLYING CONDITION lost, | 1C) | | |
| 11 | | | |
| O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | |
| TO THE DEATH BUT NOT RELATED TO THE | | | |
| 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH | OPERATION 20A. AUTOPS | THE OF NO 208. IF YES, WERE FIR | NDINGS CONSIDERED |
| WAS PERFORMED Large Bowel | 1 | IN CERTIFYING CAUS | SES OF DEATH? |
| U 21 A. ACCIDENT WAS UNDERLYING TY 218. PLAC | E OF INJURY (e.g., in or about T.C. WI | HERE DID (If in Boltimore | City, give exact location) |
| OR CONTRIBUTING CAUSE OF home, for DEATH monify medical examiner) | m, factory, street, office bldg., INJURY | OCCUR? | |
| U | | | |
| U OF INJURY | | W DID INJURY OCCUR? | |
| tAPPROX) While At | Not While At Work | | |
| 22. I certify that (1) this hospital) attended the de | | 10/-1: 0/-1 | 1100 10/-10 |
| _ | 1 410 | 19 66 to 36 | |
| that (I) (we) last saw the deceased alive an | 7 | 2and that in (my) (aur) apini | on death accurred an the date |
| and hour and fram the causes stated abave. (1) (We | ndid) (did nat) view the bady af | fter death. | |
| 23A. SIGNATURE | | | 23 B. DATE SIGNED |
| 1 Fin thinkly | M.D. Attending M.Phys. Di | led. Stoff Phys. | 2/11.010 |
| 23 C. PHYSICIAN'S | 23D. ADDRESS | 111/3. | 26 M me co |
| NAME (Type) FRANKUS | 1 100 6 | ENV HORITA | RAZIMOR. |
| H. C. TIGHOROTE | M.D. 1910, 6 | 6,00-1000111111 | 1810111019 |
| AA. BURIAL CREMATION, 248. DATE 24. NAME (| OF CEMETERY OF CREMATORY | 24D. LOCATION 1City. | . town, or county) (Stote) |
| Burial 3/29/6/ Anni | & Redge | Pekener Iles | mel. |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC | | L DIRECTOR | ADDRESS |
| MAR 29 1888 00 1-8, 50 1 | Munte | 18 Nm mmes - 2 | FIRRE Min |
| VS 150 PEV 1/1/65 | - Guiller | 01/001000000 | o 10 1 jungue |

49 500- TOHIP -92- Losson Dan - W Mad . N.C. garden Kary william waster BULLIA IN DE

FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

cause

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VS 150-REV. 1/1/65

Augit. Topin Division were the control of the same and the control of the

many majorith first or to be to be

Same that is the --

| BIRTH NO. |). | 13130 | | TE OF DEATH | Registered No. | 6 03130 |
|---|--|---------------------------------------|--|------------------------------|--|----------------------------------|
| (Type or Print) | APSON-MAR | THA - | MATILAA | 3.2° | 7 . 66 | 850 PM |
| FULL NAM | E OF (If not in hospital a odress ar lacation) | ILAND | | Mary and | nere deceased lived. If institut NTY | and Ol |
| Luthers | an Hospital of | Leony la | ud | Baltwore | f rural, give lacation) | |
| 5. SEX | 6. RACE | MARRIED, NEV WIDOWED, DIV | VORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years If | Under 1 Yr. If Under 24 h |
| | CCUPATION (Give kind of work of working life, even if retired) | | | 11. BIRTHPLACE (Stote or for | | WHAT COUNTRY? |
| Ro | DNEY Fig | ELDS | SOCIAL | EFFIE A | LAE INGR. | AM |
| (Yes, na ar unkn | awn) (If yes, give war ar dates | of service) | 5-32-0941 | FRANK APS | 50N-2226 | ESSEX ST. |
| DIS DIS | EASE OR CONDITION DIRI | CTLY | CAUSE O | cralized Lymn | phasereoma | INTERVAL BETWEEN ONSET AND DEATH |
| heart foild injury or DISEASES rise to | is not mean the mode of june, osthenia, etc. It means camplicotion which caused ANTECEDENT CAUSES 5 OR CONDITIONS, if a the above couse (A) VING CONDITION last, | the disease, deoth.) ny, giving | (B) DUE TO | | | |
| TO THE | GNIFICANT CONDITIONS CO DEATH BUT NOT RELATOR CONDITION CAUSING IT | ED TO THE | | 0 0 | | |
| 19A. DATE | OF OPERATION 198. CONE | TON FOR WHIC | H OPERATION | 20A. AUTOPSY? (Yes or N | 10) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES | INGS CONSIDERED OF DEATH? |
| _ OR CONT | IDENT WAS UNDERLYING RIBUTING CAUSE OF only medical examiner) | 21 B. PLA hame, la etc.) | CE OF INJURY (e.g., in rm, factory, street, a | ffice bldg. INJURY OCCUR? | (If in Baltimare Cit | y, give exact lacation) |
| 21 D. TIME OF INJURY (APPROX.) | | While A | At Wark | | IJURY OCCUR? | |
| that (I) (v | tify that (I) (this hospital) we) lost sow the deceased and from the couses state | olive on | 74 3.27 | 19 4 ond t | that in (my) (our) opinion | death occurred on the d |
| 23A. SIGNA | CIANS CIANS | 1 200 | M.D. Atte | ending Med. | 238 | 3 . 27 . 66 |
| GR 4 | MBERG 105E | | M.D. | Letheracy H | LOCATION (City, to | own, or county) (State |
| BURIA 25A. DATE RE | AL (Specify) 3/3//66 C'D BY HEALTH DEPT/ | HCL) | ROSARY | 25C. JUNERAL DIRECTO | BALTIMORE, | Md. S. ANN S= |
| MAR. VS 150-REV. 1 | 29 1838 1 0 | C.Z.D | april 1 | Heorge a | Weber 705 | S. ANN S |

ومدد سيري

Lutherson Hosp lat of Leongland

5.5 (51.5 c)

HOUSE W + FE

RODAEY FIELDS

Less brogains

TREM BERG 1020F

10 12 al WEST VINGINIA U.S. S.

Sing Eggs 42

FRANK ARSON-2226 [S ..

Same of the Same of Same

TATE OF THE SALE OF TAX OF TAX

X 3 27 64 " Halberry Heaple's of bayens

WAR TENED - MINE TO THE WAY

IMPORTANT

DIRECTOR:

FUNERAL

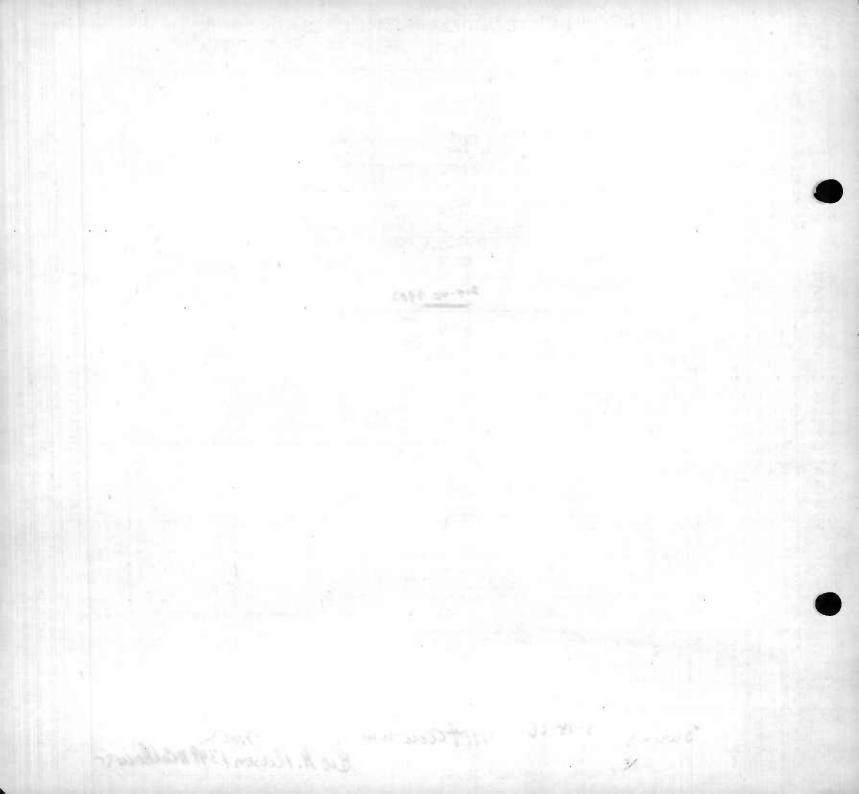
- Y 11 1.7 6/10 0 m/A Chooms Roma for loss = an some Makesont popularion a comment 85/2 cx/= strote not SEALTO BEINDWARPLANCE AN SHENK

V\$ 150-REV. 1/1/65

211 2 29 39 39 11 mile CONTRACTOR TEACHER MANAGEMENT

VS 150-REV. 1/1/65

| NATIL NO | 00 0 | 0122 | | TITY HEALTH DEPART | | Pagistered No | . 66 03133 |
|---------------|---------------------------|--------------------------------------|--|---|-------------------|---|--|
| A.E. CASE | NO. 66 (); | 2100 | CERTIFIC | ATE OF DE | AIH | Kegistered Nu | · |
| | DECEASED | | | 2 | | HOUR OF DEAT | |
| Type or rai | Emma Fre | eman | | | March | 22, 1966 | 12:45 |
| PLACE C | F DEATH IN BALTIA | | D | 4. USUAL RESIDE | B. COUNT | deceased lived. If | institution: residence before admi |
| | | | | | | | 11-01 |
| FULL NA | L OR oddress | in hospital or insti or location) | lution, give street | Marylar c. city of fow | nd (If out | ide city limite way | e RURAL ond give lownship) |
| INSTITUT | on Prov | ident Hos | pital | Baltimo | | igo city illinia, will | The war old give lowinship? |
| 9 | 151 | J. Divisio | n Street | D. STREET ADDRE | | oral, give location) | |
| 1 | Ва | ltimore, | Maryland | 701.0 27 | | ton Street | |
| . SEX | 6. RACE | | ARRIED, NEVER MARRIED | 8. DATE OF BIRTH | | . AGE (In years | If Under 1 Yr., If Under 2 |
| | | Wt | DOWED, DIVORCED (specify) | | | ost birthday) | Months Doys Hours |
| теmа | | | dowed no of Business or Indus | 11-10-01 | | OTT | |
| | nost of working life, eve | | ND OF BRIZINESS OK INDRES | IRT II. BIRIHPLACE (S | itate or toreig | n country) | 12. CITIZEN OF WHAT COUNTRY? |
| None | | No | ne | Delaware | | | U.S. |
| 3. FATHER | SNAME | .,,,, | | 14. MOTHER'S MA | AIDEN NAM | E | |
| | Unknown | | | Unknown | | | |
| 5 Was Da | eased Ever in U. S. | | 1 6. SOCIAL | 17. INFORMANT | | | ADDRESS |
| res, no or ur | known) (If yes, give | wor or doles of se | SECURITY NO. | III OKIVIAIII | | | |
| | | | Unknown | Oscar E. | Artson | a Illi N. | Colbert Street |
| 18. | 31XI | | CAUSE | OF DEATH | 114 | | INTERVAL BETWEEN |
| | ISEASE OF COND | ITION DIRECTLY | | 1 | 1 | | ONSET AND DEAT |
| | LEADING TO | DEATH | (A) | Crt | 4 | | |
| (This c | oes not meon the | mode of dying | | | | 900 00 | ****************************** |
| | ilure, osthenio, etc. | | | | | | |
| injuly | or complication which | ch coused deoth, |) | | | | |
| | ANTECEDENT | CAUSES | (B) | | | *************************************** | |
| DISEA | SES OR CONDITION | ONS, if onv. | | | | | |
| iise 1 | o lhe obove co | ouse (A) stotin | g the (C) | | | | |
| UNDE | RLYING CONDITIO | N lost. | | | | | |
| Z | 11 | | | | | | |
| OLLUCK | SIGNIFICANT CONT | | | | | | |
| DISEA | E OR CONDITION | CAUSING IT. | | 100 | | | |
| 19A.DA | TE OF OPERATION | WAS PERFORME | FOR WHICH OPERATION | 20A. AUTOPSY? | (Yes or No) | IN CERTIFYING | E FINDINGS CONSIDERED CAUSES OF DEATH? |
| ER | | | | | | | |
| | CIDENT WAS UND | | 21B. PLACE OF INJURY (e. home, form, foctory, street | g., in or obout 21 C. WHI office bldg., INJURY (| ERE DID OCCUR? | (If in Boltim | ore City, give exact location) |
| | (notify medical exam | | elc.) | | | | |
| 21 D. TI | | y) (Year) (Hou | 1) 21E. INJURY OCCURRED | 21 F. HO | ULNI DID W | RY OCCUR? | |
| OF INJ | | | | While | | | |
| | | | Work At W | | | | |
| 22. I c | ertify that (I) (this | hospital) atte | nded the deceased fram | March 6. | 19 | 9 6 6 to Mar | ch 22 19 |
| | | | e on March 22, | | | | plnian death accurred an th |
| | | | | | | ,. (, - | |
| 1 | | 210100 00 | ave. (I) (We) (did) (did na | r, view the bady att | er death. | | DATE CICALED |
| 23A. SIC | NATURE | 24 | 2 | Attanding - | | | 23B. DATE SIGNED |
| | 05-10 | Benno | M.D. | Attending Dire | ector F | Stoff Phys. | March 22, 1966 |
| 23C. PH | YSICIAN'S | 0 | 1 | 23D. ADDRESS | | | 1 11811 011 679 1701 |
| NA | ME (Type) | | M | .D. 7 771 D. | | | |
| | | loger Theo | ndore | 1217 DIA | ision S | | |
| AA PILBE | AVC MERGA OFFICIAL 124 B | DATE | 24C. NAME of CEMETERY OF | CREMATORY | 24D. LO | CATION | (City, town, or county) (S |
| | VAL (Speciful | -76-11 | 1 1) | | | - 11 | ,,,,, |
| | VAL (Speciful | -28-66 | 1.40 // | um | 0 | med | , |
| Su | VAL (Speciful | | 1.40 // | WM 259 FUNERAL | DIRECTOR | nd | |
| Su | VAL (Specify) 3 | | mtant | | DIRECTOR | m 1348 ne | |



CERTRUDE

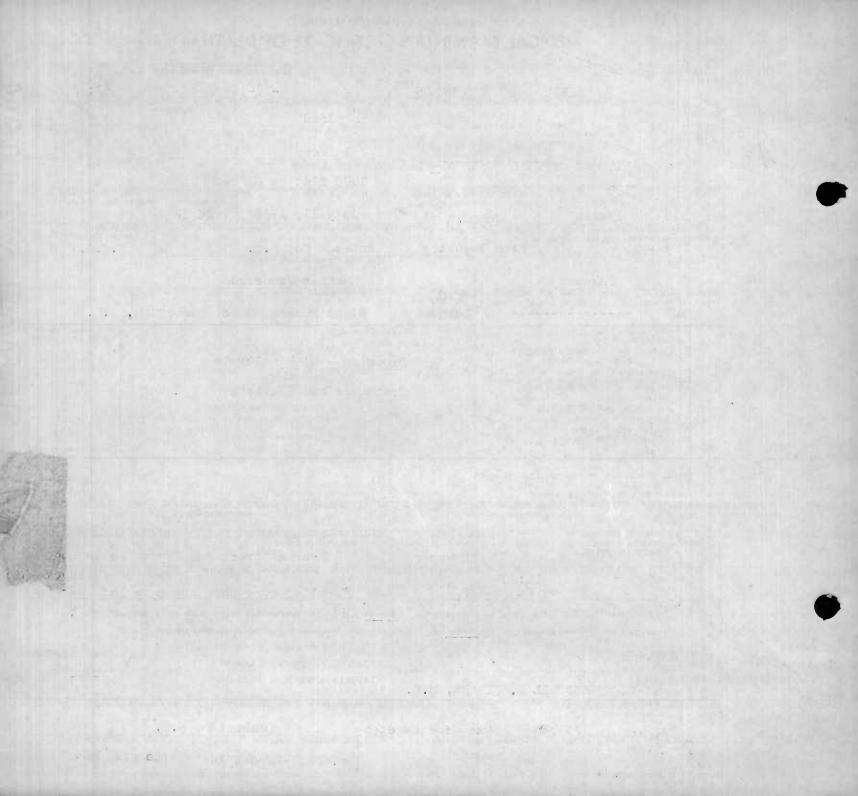
| | | 00 . 0 | 401 | BALTIMORE CIT | THE THE PERSON NAMED IN | | |
|--------------------|----------------------------|---|----------------------------|---|--|-----------------------|--|
| BIRTH NO | SE NO. | 66 (13 | 134 | CERTIFICA | TE OF DEATH | Registered No. | |
| 1.NAME (Type or | OF DECEA | _ | | | 2. DATE | AND HOUR OF DEATH | 11 110 |
| | | GERTRUDE | | ST | 6 A | n B-21- | 66 6 |
| 3. PLACE | E OF DEAT | H IN BALTIMORE, M | | | A. STATE B. COL | | institution: residence before admission |
| HOSPI | NAME OF TAL OR UTION | (If not in hospite oddress or locoti | | give street | C. CITY OR TOWN (IF | | RURAL and give township) |
| 3 | THE | JOHNS HOP | PKINS H | OSPITAL | D. STREET ADDRESS M | | |
| | 12 | | T ALABBIED | NEWER ASSESSED | | 9. AGE (In years | |
| F E | | WHITE | WIDOWE | NEVER MARRIED D, DIVORCED (specify) R MARRIED | 8-10-04 | lost birthday | If Under 1 Ye. If Under 24 Hrs Months Doys Hours Min. |
| | | ATION (Give kind of working life, even if retired |) | | 1 11. BIRTHPLACE (State or fo | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Nu | rse | | Balt. | City Health D | ept Illinois | | U.S.A. |
| 3. FATH | ER'S NAMI | | | | 14. MOTHER'S MAIDEN N | AME | |
| | | RTIN BOQL | | | MATILDA PE | TERSON. | |
| Yes, no o | Deceased E runknown) (| ver in U. S. Armed F Il yes, give wor or do | orces? otes of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | 616 N | . Collington Ave |
| | No | | | 527-34-7275 | Miss Dorothy B | Odlijet | more, Md. |
| 18. | 126 | 7.64. | | CAUSE | OF DEATH | Dalti | INTERVAL BETWEEN |
| | DISEASE | OR CONDITION D | DIRECTLY | | | - 2 | ONSET AND DEATH |
| | | EADING TO DEATI | | (1) | evebral I | schemica | 30 minutes |
| | | mean the mode | | | | | |
| | | sthenia, etc. It mear licotian which cause | | | , | | 7/1 |
| | Al | NTECEDENT CAUSI | ES | (8) | epsis | ÷0 | 3640000 |
| DICE | | | | DUE TO | | | , = |
| | | conditions, if | | (c) U | nknown S. | te os sufec | Tion |
| UNI | DERLYING | CONDITION last. | | | | | |
| E TO | THE DE | CANT CONDITIONS | LATED TO TH | | | | |
| A DISI | EASE OR C | ONDITION CAUSING | iT, | | TOO A HITODOY2 (Vo. | Nall 200 IE WEE WIERE | FINDINGS CONSIDERED |
| 19A. | None | | ERFORMED FOR | WHICH OPERATION | Yes | | AUSES OF DEATH? |
| ORC | CONTRIBUT | WAS UNDERLYING CAUSE OF | 218 hon etc. | ne, form, foctory, street, | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? | (If in Bottimo | re City, give exact location) |
| Q 21 D. | | Month) (Doy) (Yeo | r) (Hour) 21E | . INJURY OCCURRED | 21F. HOW DID I | NJURY OCCUR? | |
| E OF I | NJURY PROX.) | | WH | nile At Not Wh | | | |
| 22 | 1 | L . (1) (1) 1 - 1 | | | | 19 66 to 3 | -27 1966 |
| | | | | he deceased from3 | | | |
| that | (I) (we) I | ost saw the deceo | sed olive on | 3 - 6 | 19 @ > ond | that in (my) (our) or | olation death occurred on the da |
| ond | hour ond | fram the couses st | rated obave. (| I) (We) (did) (dld not) | view the body ofter deot | ١. | |
| 23A. | SIGNATUR | E | | | | | 23 B. DATE SIGNED |
| | 0 | Robert O | B. Ken | M.D. At | tending Med. | Stoff Phys. | 3-27-66 |
| 23 C. | PHYSICIAN | 'S | | | 23D. ADDRESS | | |
| | NAME (Typ | D 1 + | DV. | at M.D | tolons Hop | King Was | -+-1 |
| 244 811 | RIAL CREM | 1308611 | Med | | | 105ATION | 0119C City, town, or county) (State) |
| | MOVAL (Sp | | 24C. N | AME of CEMETERY or CI | Company of the Compan | LOCATION | |
| | Crema | tion 3/29/6 | 56 | Greenmount | | Baltimore, M | aryland |
| 25A, DA | TE REC'D | Y HEALTH DEPT. | 258. NAME | OF REGISTRAR | 25C. FUNERAL DIRECT | | ADDRESS |
| M | AR 29 | 1866 (0. | 1.23 | 2. Porta | Wm. Cook-Br | ooks Inc Bal | timore Md. 21202 |
| V/C 1 CO D | EV 1/1/45 | 100 | - | | | | |

7. 1

91

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 13135

| BIRTH NO. | MED | ICAL EX | AMIIYER 3 C | EKTIFICA | TE OF DEATH Regist | ered Nu. | | |
|--|--|---------------|---|--------------------------------------|---|------------------------------|----------------|------------|
| M.E. CASE NO. | | | | | | 19 01 | | |
| Type or Print | CEASED | | | | 2. DATE AND HOUR PRONOUN | CED DEAD | | |
| | BILLY | 5 | SANDERSON | | 3-27-66 | 1 | 1:45 A | M. |
| | TIMORE, MARYLAND, W | | | 4. USUAL RESI A. STATE Marylan | DENCE (Where deceased lived. If in B. CO | stitution: residence UNTY | se before odr | mission) |
| FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOCA | AL OR INSTITU | TION, GIVE STREET | C. CITY OR TO | OWN (If outside corporate limits, wri | te RURAL ond g | give township | p) |
| SOUTH I | BALTIMORE GEN | ERAT HOS | ANG - IATTES | Baltimo | DRESS (If rural, give location) | 0 | ليد ن | |
| 500111 1 | BRILLIOIG GEN | DIGITI HOL | DE TIME DON | 1 | mtree Street 2122 | 6 | | |
| 5. SEX | 6. RACE | | NEVER MARRIED | B. DATE OF BIR | TH 9. AGE (In years | If Under 1 | Yr. If Under | 24 Hrs. |
| Male | Indian | | OIVORCED(specify) CNOWN | July 1 | 1. 1938 lost birthdoy 27 | Months Doy | /s Hours | Min. |
| IOA. USUAL OCC | UPATION (Give kind of world | | | 11. BIRTHPLACE | (State or foreign country) | 12. CITIZEN | OF COUNTRY? | |
| Farr | working life, even if retired) | Farm : | Industry | RoBeson | Co, N.C. | U.S | | |
| 13. FATHER'S NAM | | | | | MAIDEN NAME | | | |
| | Unknown | | | Margi | le Sanderson | | | |
| 15. WAS DECEASE (Yes, no or unknown | D EVER IN U.S. ARMED | FORCES? | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | | |
| No | | | Unknown | Biggs F | Tuneral Home Lumbe | rton, N. | C. | |
| 18. | 0 3 4 | | CAUSE | OF DEATH | Salfate Carbot | | TERVAL BET | |
| DISEA | SE OR CONDITION DI | RECTLY | | | | | ISEI AND I | DEATH |
| (This does | LEADING TO DEATH | | | wning - W | Vith multiple rib | | | |
| heart failure | not meon the mode of , osthenio, etc. It meons mplication which caused | the discose, | XXXX | | 1 1 | | | |
| | | | fra | ctures ar | nd laceration of li | ver | | |
| | OR CONDITIONS, IF A | | (B) | | | | | |
| RISE TO TH | IE ABOVE CAUSE (A) S' | | DUE 10 | | | | | |
| | TO CONTINUE EAST. | | (C) | | ••••••••••••••••••••••••••••••••••••••• | | | ********** |
| 9 | II | | | | | | 1 7 7 7 7 | |
| | NIFICANT CONDITIONS DEATH BUT NOT RE | | | | | | | The second |
| DISEASE O | R CONDITION CAUSING | IT. | .0.000.000.000.000.000.000 | Too A AUTOR | Way W. Al 1908 to wee hirese | 111711100 0011 | CID COCD | |
| DATE OF | F OPERATION 198, CON WAS PER | | WHICH OPERATION | Yes | Y? (Yes or No) 208. IF YES, WERE FIN CERTIFYING CAL | | | 02 |
| V 21 A. EXTERNA | L CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., farm, foctory, street, | in or obout 21C. | WHERE DID (If in Boltimore City, | give exoct locoti | on) | |
| UTING CAU | SE OF DEATH. | etc.) | In water | | onroe Street and Gw | ynss Fal | lls Rur | a |
| 21 D TIME OE INJURY | (Month) (Doy) (Yeo | 1 1 (Hawr) 2 | E. INJURY OCCURRED | | | senger i | | |
| (APPROX.) | 3 26 '66 | PM m. V | HILE AT NOT | WHILE X rol | lled over on sharp | - | | |
| 22. | tify that I held an I | | | | nd that an this basis, death in | | | |
| | Ited fram: Natural ca | - | ccident X Sulcid | | cide Undetermined manu | | | |
| | | / | , | CHIEF | MEDICAL EXAMINER X | | | |
| SIGNAT | | Freda | - 40 | | MEDICAL EXAMINER | | DATE SIGN | NED |
| EXAMIN NAME (| NER'S DILCORT | L S. FI | SHER, M.D. | | MEDICAL EXAMINER | 3 | 3-28-66 | 5 |
| 23A, BURIAL CRE REMOVAL (Specif | MATION, 238 DATE | | C. NAME OF CEMETERY | CREMATORY | 23D. LOCATION (Cit | y, town, or coun | ty) (S | Glote) |
| Buri | al 3/31/6 | | xendime Cemet | | Lumberton, N.O | | | LV |
| 24A. DATE REC'D | BY HEALTH DEPT. | 2 | OF REGISTRAR | 24C. FUNE | RAL DIRECTOR | | RESS | 1 202 |
| MAR 33 | 1900, 02-2-2 | 1 | and and | Wm. C | ook-Brooks Inc Ba | lt i more, | Md. 2 | 1202 |
| VS 151-REV. 1/1/ | 165 1 (190 | X | | THE REAL PROPERTY. | 1) | | | |



VS 150-REV. 1/1/65

of death

and

a hospital

| RTH NO. | | 66 03 | CERTIFICA | TE OF DEATH | Registered No | 03136 |
|-------------------------|---|---|--|---|------------------------------------|--|
| NAME OF ype or Print | DECEASED | RRIS, Jo | seph | | nd hour of death | 11:30 P. |
| FULL NA | ME OF (If no | TIMORE, MARY | | 4. USUAL RESIDENCE (Who | ere deceased lived. If in | stitution: residence before admiss |
| HOSPITAL | N Vetera | | istration Hospital | Baltimore (It or | utside city limits, write P | CURAL and give township) |
| 1 | - | ore, Mar | yland 21218 | D. STREET ADDRESS (IF 2611 Barclay | Street | 7.10 |
| SEX Male | 6. RACE | sian | MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married | 8. DATE OF BIRTH 12-7-01 | 9. AGE (In years lost birthday) | If Under 1 Yr, If Under 24 Months Doys Hours Mi |
| one during m | OCCUPATION (Gives of working life, e Clerk | | B, KIND OF BUSINESS OR INDUSTRY Retail | Leonard town, | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| John | W. Harris | 3 | | 14. MOTHERS MAIDEN NA Florine Turn | | |
| es, no or unl | nown) (II yes, give | Armed Farces war or dates L-42 to | SECURITY NO. | V. A. Hospita | | ADDRESS , Md. 21218 |
| 18. S | SEASE OR CON | DITION DIREC | CAUSE O | | | INTERVAL BETWEEN ONSET AND DEATH |
| | LEADING ses not meon th | TO DEATH | (A) | hysema: | | 7 years |
| heort foi | luie, asthenio, e complication w | tc. II means th | e disease. | Pulmonale | | 7 years |
| iise lo | ANTECEDER S OR CONDIT the obove YING CONDITION | TIONS, if one | | | | J |
| - | SIGNIFICANT CO E DEATH BUT E OR CONDITION | NDITIONS COL | | | | |
| | 'E OF OPERATION | | TION FOR WHICH OPERATION | No No | o) 208. IF YES, WERE F | INDINGS CONSIDERED |
| OR CON | CIDENT WAS UN TRIBUTING CA notity medical exc | USE OF | 218. PLACE OF INJURY (e.g., i hame, form, factory, street, a etc.) | n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? | (II in Boltimare | City, give exact location) |
| OF INJU | RY | Doy) (Yeor) (| Hour) 21E. INJURY OCCURRED While At Work At Work | 21F. HOW DID IN | JURY OCCUR? | |
| that (1) | (we) last saw t | he deceased | olive on March 27, | | hot in (my) (aur) opi | ch 27, 1966 |
| 23A. SIGI | Anana | lli M. | Phy Phy | ending Med. | Stott Phys. | 3-28-66 |
| 23C.PHY NA/ | ME (Type) Fran | klin Pre | | ** A ** 1. 3 | , Baltimore, | Md. 21218 |
| | CREMATION, 24 | B. DATE | 24C. NAME of CEMETERY OF CR | EMATORY 24D. I | LOCATION (Cit | ly, town, or county) (Sto |
| REMOV | AL (Specify) | 3/30/66 | Baltimore Nation | | tonsville, Ma | |



BALTIMORE CITY HEALTH DEPARTMENT

and

hospital

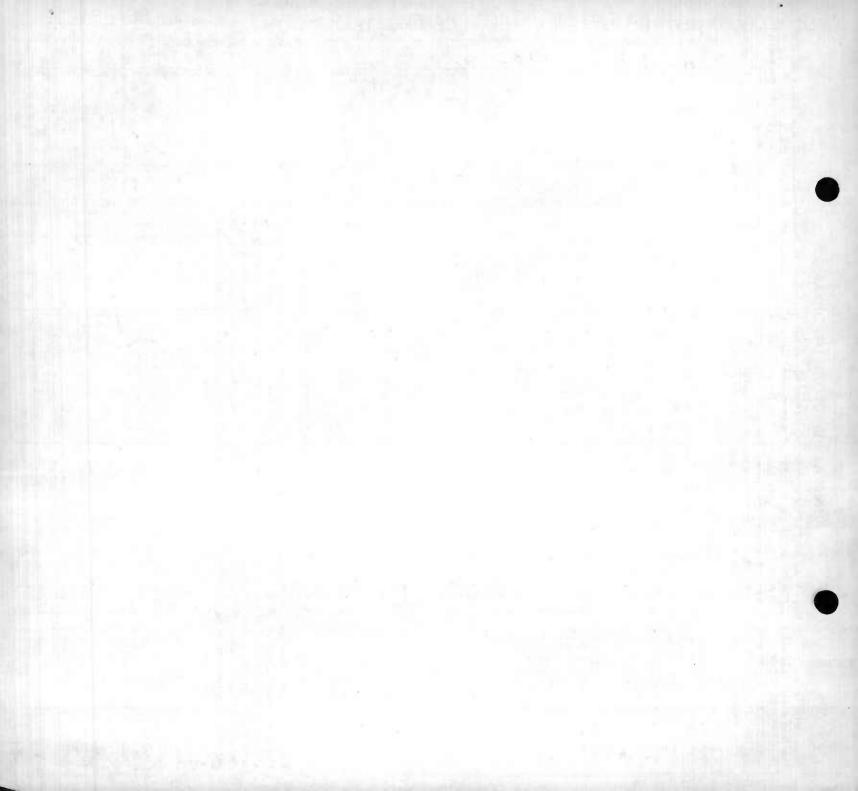
Ö

IMPORTANT

FUNERAL DIRECTOR:

approved

VS 150-REV. 1/1/65



66 03138

and

IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

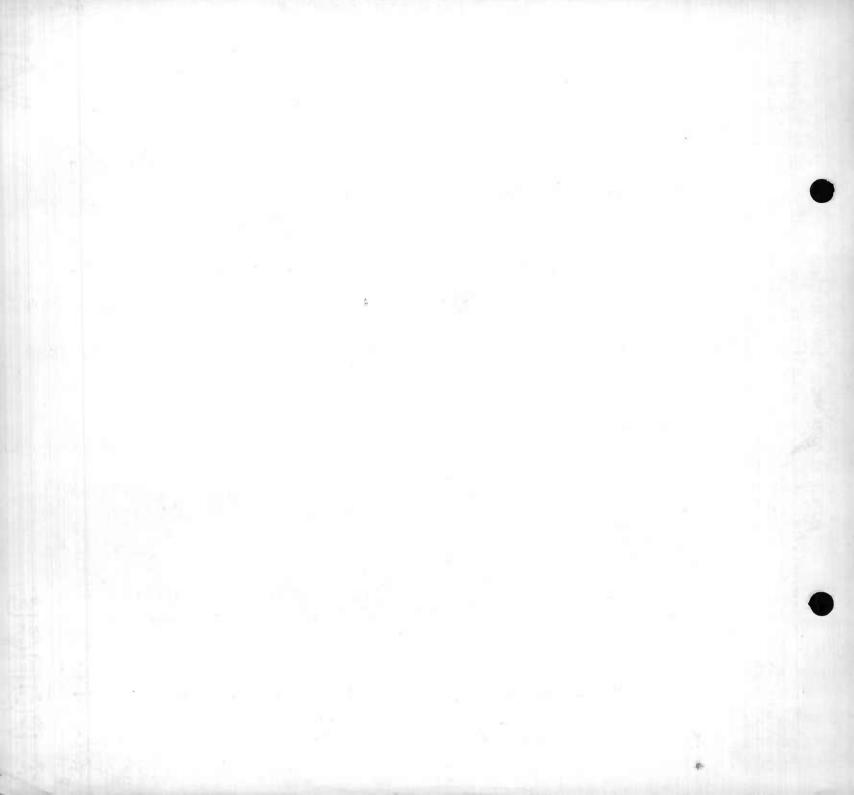
Registered No. C.S.

It Under 24 Hrs.

ONSET AND DEATH

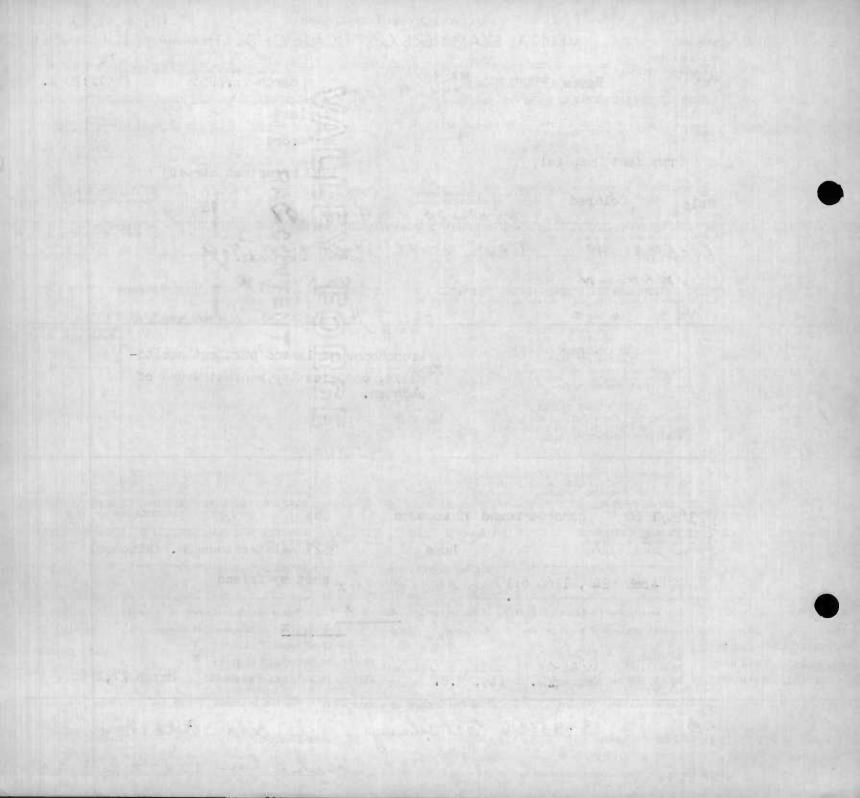
(State)

25



VS 151-REV. 1/1/65

| BIRTH NO. MEDICAL EXAMINER'S M.E. CASE NO. | CERTIFICATE OF DEATH Registered Na. |
|---|---|
| 1. NAME OF DECEASED HOVES RUCHANNON AKA | 2. Date and hour pronounced Dead March 27,1966 12:20 A. M. |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE Maryland B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | C. CITY OR TOWN (If outside carparate limits, write RURAL and give township) Baltimore |
| Provident Hospital | D. STREET ADDRESS (If rurol, give location) 1342 Presstman Street |
| 5. SEX Male 6. RACE Molored 7. Married, NEVER MARRIED WIDOWED, DIVORCED(specify) WIDOWED | 8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr. If Under 24 Hrs lost highday) Manths, Days, Hours, Min. |
| 10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State or tareign country) 12. CITIZEN OF WHAT COUNTRY? |
| PHARMACIST DRUG STORE | E FAIRVIEW MD. U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS |
| (Yes, no arunknawn) (If yes, give war ar dates of service) SECURITY NO. | |
| 18. | HAYES BUCHANANSR 817KEVINR |
| E 4 X X I | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bron | nchopneumonia and purulent perito- |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | omen. |
| QL III | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| 3/20/1966 guisfior wound of abdomer | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes |
| UTING CAUSE OF DEATH. | s.g., in or obsult 21C. WHERE DID (If in Boltimore City, give exact location) st, office bldg., http://www.dccurr.com/sterstown Rd. (kitchen) |
| 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR (APPROXMATCH 20, 1966 8:10 | ot while a shot by friend |
| 22. I certify that I held an Inquiry Inspection | |
| | cide Hamicide X Undetermined manner |
| ACTUAL SIGNATURE / SUPERING LA - Sur (| CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER March 27,1966 |
| EXAMINER'S Werner U. Spita, M.D. | ADDOLATE MEDICAL EXAMINER AND OF ST \$2.00 |
| 23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETER REMOVAL (Specify) | RY or CREMATORY 23D. LOCATION (City, town, or county) (State) |
| 6 3-31-66 mt calv | my Cedar Mill maryland |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS |
| MARCO BOO CLEVES CONTRACTOR | Penn 1 & Kunn non no high the and |



occurred

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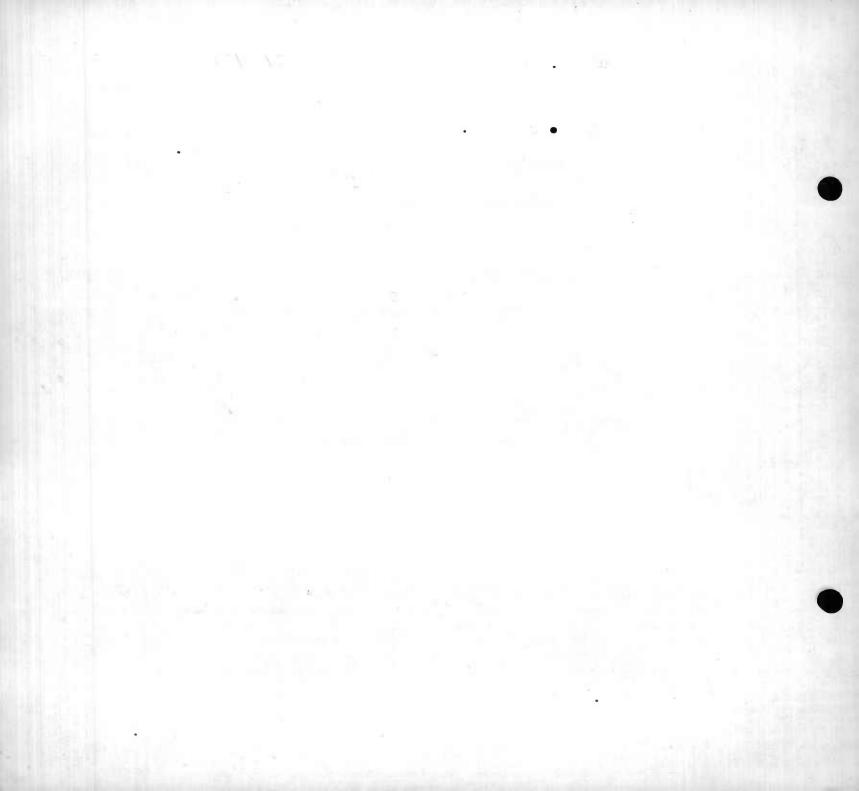
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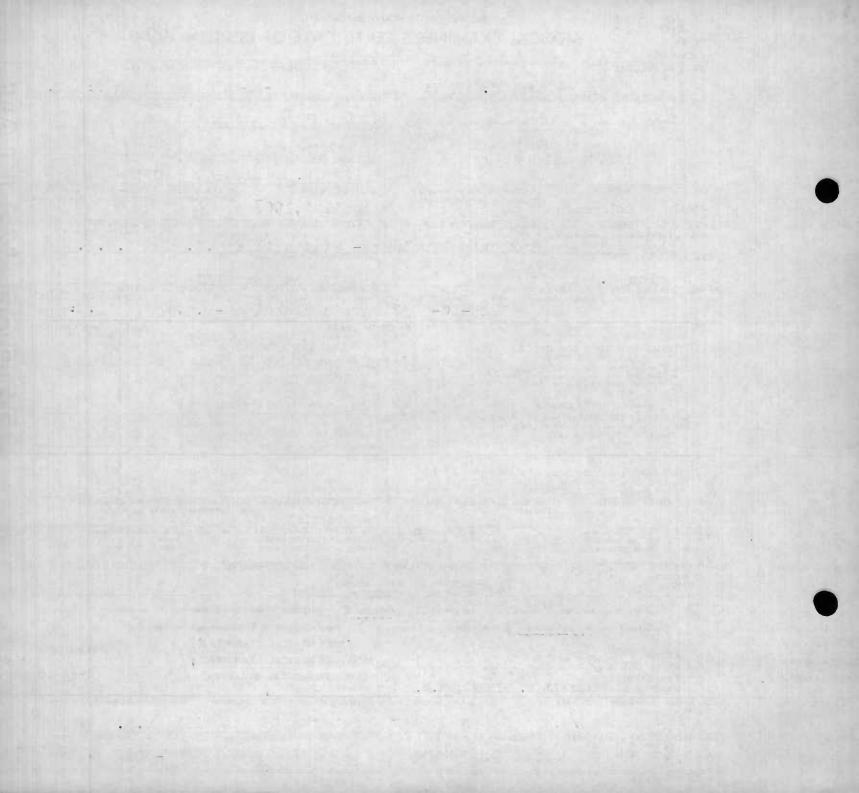
BALTIMORE CITY HEALTH DEPARTMENT

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|) |
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| BIRTH NO. | MED | ICAL EXAMINER'S C | ERTIFICATE OF I | DEATH Registered No. | 13141 |
|--|--|--|--|--|--------------------------------------|
| M.E. CASE NO. | | | | | |
| 1. NAME OF DE | | | | D HOUR PRONOUNCED DEA | |
| 3. PLACE IN BAL | | VHERE PRONOUNCED DEAD | | 7-66 deceosed lived, If institution: 46 B. COUNTY | 5:20 P. M. esidence before odmission |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPIT ADDRESS OR LOC | TAL OR INSTITUTION, GIVE STREET ATION) | C. CITY OR TOWN (If outside | e corporate limits, write RURAL | ond give township) |
| | 1326 McCull | loh Street | Baltimore D. STREET ADDRESS (If rurol, 2031 W. North | | 0.0 |
| 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years If Un | der 1 Yr. If Under 24 Hrs. |
| Male | Colored | widowed, divorced (specify) Separated | April 1,1903 | lost birthdoys Month | Doys Hours Min. |
| done during most of | working life, even if retired) | A TOR KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreig | gn country) 12. CIT | TIZEN OF |
| Barbe | | Barbering Busine | ss- Statesvil | Le N.C. | J.S.A. |
| 15. WAS DECEAS | es W. Nesb | D FORCES? 16. SOCIAL | Mary Jane B | ennett | Statesville |
| (Yes, no or unknow | n) (If yes, give wor or do | 219-10-5032 | Arrie Nichol | | N.C. |
| 18. | 810 | | OF DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASES RISE TO TH | LEADING TO DEAT not meon the mode of p, osthenio, etc. if meon omplication which coused ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAST. | GES ANY, GIVING DUE TO | ty degeneration o | or liver | |
| O TO THE | II GNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN | ELATED TO THE | | | |
| H- | F OPERATION 198, CO | NDITION FOR WHICH OPERATION REFORMED | 20A. AUTOPSY? (Yes or No) Partial | 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES | CONSIDERED DEATH? |
| UNDERLYING | AL CAUSE WAS OR CONTRIB- USE OF DEATH. | 21B. PLACE OF INJURY (e.g., home, form, foctory, street, elc.) | in or obout 21C. WHERE DID office bldg., INJURY OCCUR? | (If in Boltimore City, give exoc | t locotion) |
| OF INJURY (APPROX.) | (Month) (Doy) (Ye | WHILE AT NOT | WHILE COEK's a 1 | URY OCCUR? | |
| 22. | rtify that I held on | | | is bosis, deoth in my apln | lon |
| resu | Ited from: Natural co | ouses X Accident Suicid | e Homicide | Undetermined monner | |
| ACTUA | | Fisher up | CHIEF MEDICAL EX | | DATE SIGNED |
| SIGNAT EXAMI NAME | NER'S | L S. FISHER, M.D. | ASSOCIATE MEDICAL E | | 3-28-66 |
| 23A. BURIAL CR REMOVAL (Speci Burial | EMATION, 23B. DATE | 23C. NAME of CEMETERY | | ocation (City, town, o | |
| | BY HEALTH DEPT. | 248. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR | | ADDRESS Ave |
| V\$ 151-REV. 1/1 | /65 | | 03140 | | |



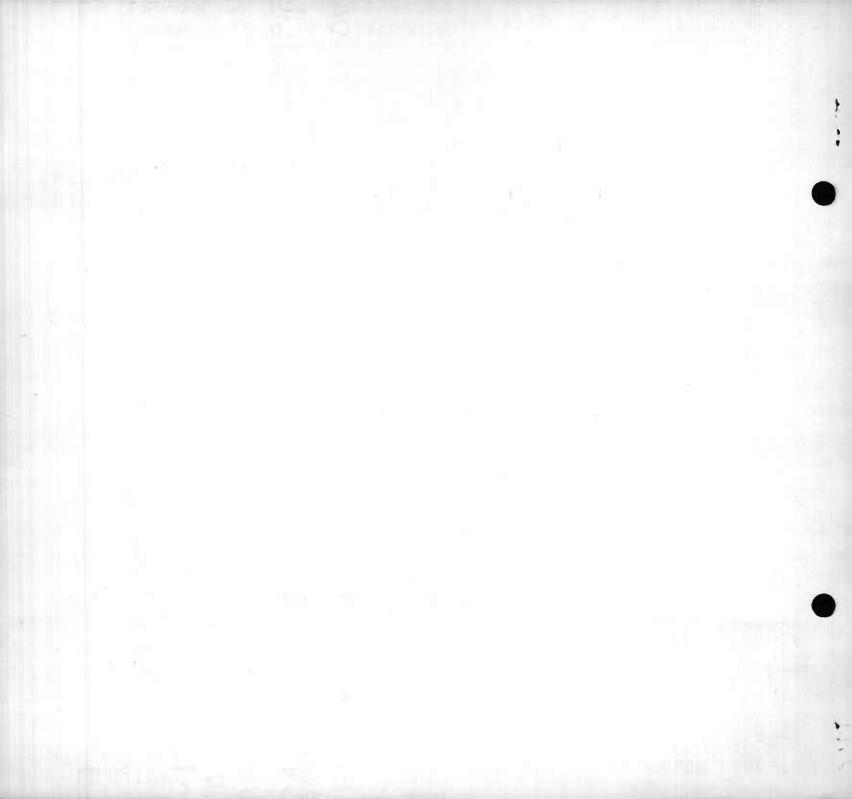
| 66 03142 | BALTIMORE CITY | HEALTH DEPARTMENT | /- 66 | 3142 |
|--|---|--|--|---|
| BIRTH NO. | CERTIFICA | TE OF DEATH | Registered No. | |
| M.E. CASE NO. 1. NAME OF DECEASED | | 2. DATE AND | HOUR OF DEATH | 10 |
| (Type or Print) JONES CHARL | ES CLAREN | 26 Mm | zel 25. | 1966 11- P. |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | - 3 | 4. USUAL RESIDENCE Where | deceased lived. Il insti | itytioh: residence before odmiasion) |
| FULL NAME OF (If not in hospital or instituted by the second of the seco | tion, give street | MARYCAME | / | Juward |
| INSTITUTION HOSPU | 40 | C. CITY OR TOWN (If outs | | RAL ond give township) |
| Onioekslay Hospi | | D. STREET ADDRESS (III II | urol, give locotion | |
| | | 8521 R | ace Ro | 40 |
| MA WIDO | RIED, NEVER MARRIED DWGD, DIVORCED (specify) | | ost birthdoy) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIN | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreig | n country) | 12. CITIZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) Retured Robust Color | | Davidsunille, | 146 U.S.W | U.S. Q. |
| 13. FATHERS NAME | | 14. MOTHER'S MAIDEN NAM | | 1 |
| 5, Wos Decessed Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | C120019 ET | ADDRESS |
| (Yes, no or unknown) (If yes, give wor or dotes of serv | SECURITY NO. | MRZ- VIRGINIA S | SIGNE SS | - Ray Rd. |
| 18.5501/1 | CAUSE O | FDEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OF CONDITION DIRECTLY | | , , | 01 | |
| LEADING TO DEATH | (A) | 1 yocardial | HOSCESI | |
| (This does not mean the mode of dying, heart failure, asthenio, etc. It means the disc injury or complication which caused death.) | eose, | | | |
| ANTECEDENT CAUSES | (B) | AAAAAAAA AAAAAA | | |
| DISEASES OR CONDITIONS, if any, gi | | | | |
| rise to the obove couse (A) stating UNDERLYING CONDITION tost. | lhe (C) | | | |
| II. | | A CONTRACTOR OF THE PARTY OF TH | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | JTING THE | | | |
| | FOR WHICH OPERATION WHEN DE LIX | 20A. AUTOPSY? (Yes or No) | 208. IF YES, WERE FIN IN CERTIFYING CAUS | NDINGS CONSIDERED |
| O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21 B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.) | or obout 21C. WHERE DID | (II in Boltimore (| City, give exact location) |
| O 21D. TIME (Month) (Doy) (Year) (Hour) | 21E INJURY OCCURRED | 21F. HOW DID INJU | IRY OCCUR? | |
| S OF INJURY (APPROX) | While At Not Whil | | | |
| | Work At Work | 3/10 | 16 3/ | 3 |
| 22. I certify that (1) (this hespital) attend | -1-51,1 | | 96610 2/ | 20 19 6 6 |
| that (I) (we) last sow the deceosed alive | | | rtin (my) (paline). opini | on deoth occurred on the date |
| ond hour and from the couses stoted show | (e, (1) (We) (did) (did not) v | iew the body after deoth. | | |
| 23A. SIGNATURE | | | | 23 B. DATE SIGNED |
| Inh. Maria | M.D. After | | Stoff Phy s. | 3/25/66 |
| 23C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | | |
| H. L. Marter | M.D. | | | |
| 24A. BURIAL CREMATION, 24B. DATE / 24 | C. NAME OF CEMETERY OF CRE | MATORY 24D. LO | CATION (City, | , lown, or county) (State) |
| REMOVAL (Specily) 3/30/66 | MOUNT Auburn | (EM R | 9(1/1/m/2=) | Manuloud |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NA | ME OF REGISTRAR | 25C. FUNERAL DIRECTOR | 1111000 | ADDRESS |
| MAR 29 1866 (4- 2. | Feellerma | HERBERT E. | NUTTER 3 | 035 W. North A |
| V\$ 150-REV. 1/1/65 | | () | | |

Margham William L. ELLEVAN A comety of the of with they bedieved the state HERBERT E. HUTTER BOST WITHOUT

BALTIMER agenting and with the or of Maryine Com STEEL STATE OF THE Septeemen and had bed to the Lew reducates light sheet " " " Premotenty House Memorial Stray and

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



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BALTIMORE CITY HEALTH DEPARTMENT



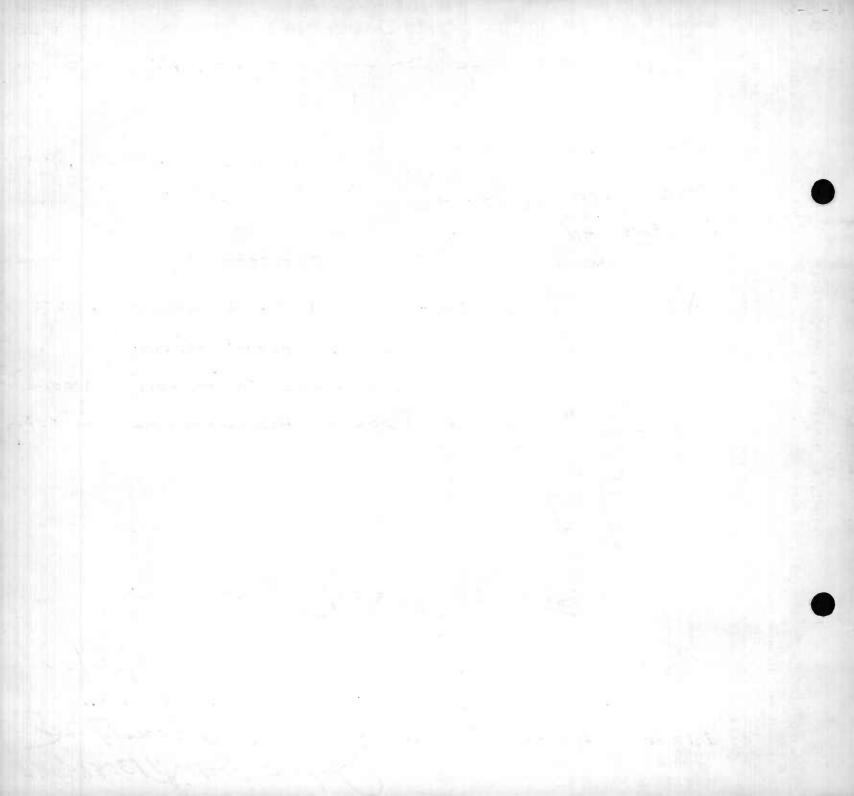
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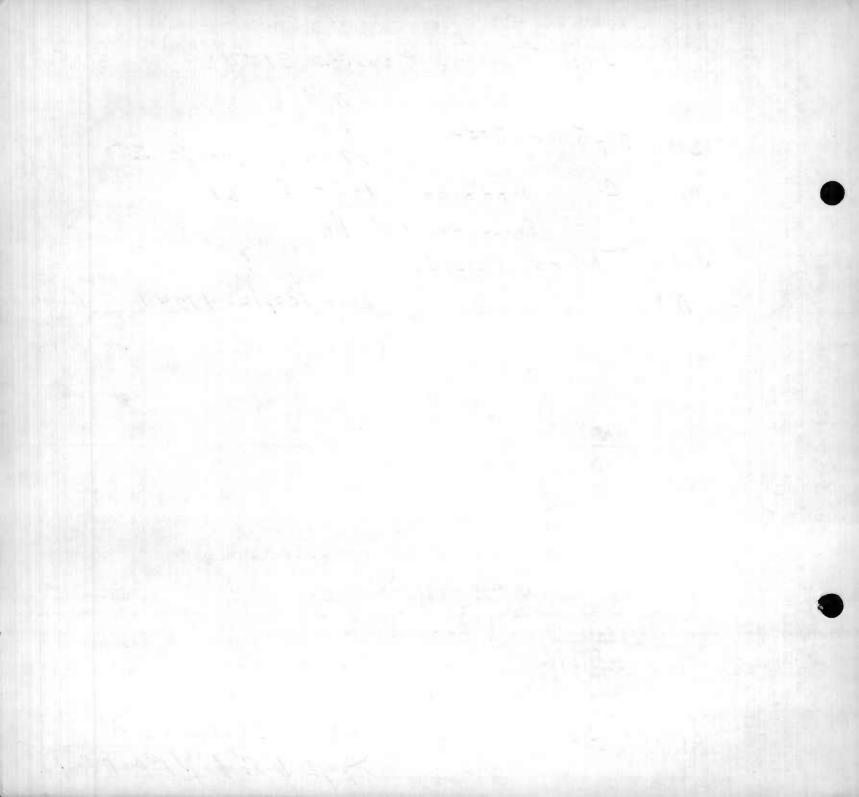
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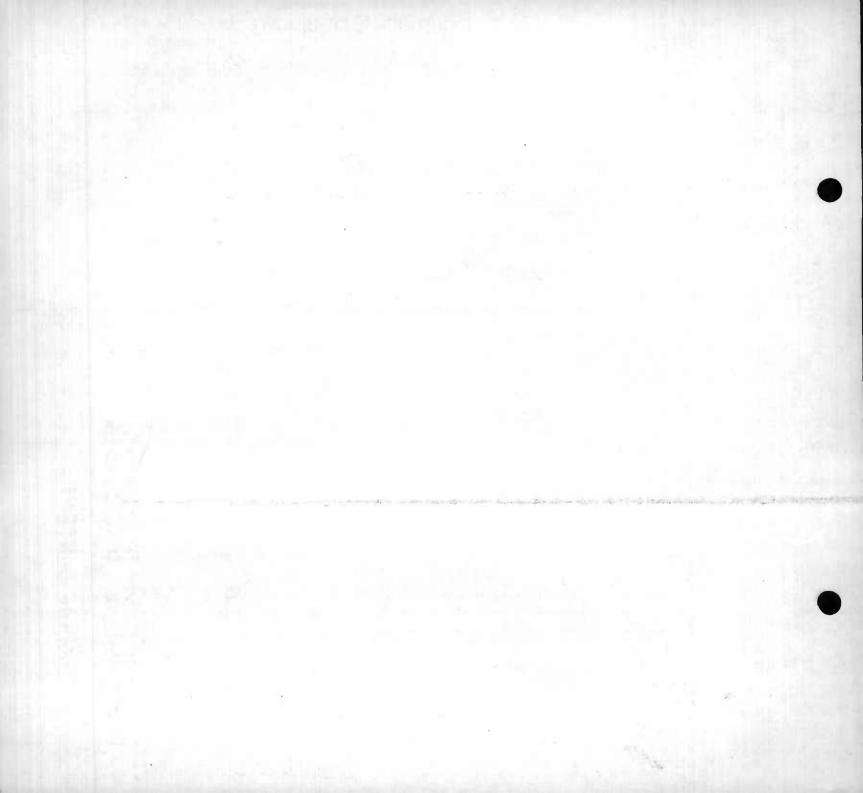
19 208 JEDBI

| 5-65 | BALTIMORE CITY HEALTH DEPARTMENT |
|---|--|
| 75705 | BIRTH NO. CERTIFICATE OF DEATH Registered No. |
| pital and of death Deceased e on the ath. Such | I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH |
| -005 | (Type or Print) HENRY KENDALL 3/25/106 5P |
| ospital e of d s) Dece nce on eath. | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence helpre admission |
| | A. STATE B. COUNTY |
| cause; (5) attendanc ior to de | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) Maryland |
| 27 | HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) |
| 6 | D. STREET ADDRESS (If rural, give location) |
| prior | DAG. CITY (TOST) |
| is made. | 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 If |
| is mo | Male Negro WIDOWED, DIVORCED (specify) 5-23-00 lost birthdoy 5 Months Days Hours Min. |
| disposition | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? |
| | Longshorem AN North Carolina US |
| | 13. FATHER'S NAME |
| | Isaac Kendall Kaneva Costen |
| | 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS |
| | (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. |
| | // 0 215-07-3402 RECORDS: BCH, 4940 Eastern Avenue, #21224 |
| | 18. / 7 / X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY |
| | LEADING TO DEATH (This does not not the mark to the m |
| | (This does not meon the mode of dying, e.g., DUE TO heart failure, astheria, etc. It means the disease, |
| | injury or complication which coused death.) |
| | ANTECEDENT CAUSES (B) DUE TO |
| | DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the |
| | UNDERLYING CONDITION lost. |
| | |
| | Z |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |
| | 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | TO NO |
| l | OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg., INJURY OCCUR? |
| l | |
| l | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| l | While At Work At Work |
| Į | 22. I certify that (1) this hospital) attended the deceased from 3/23/ 1966 to 3/35/ 19 66 |
| ı | - 12 i-1 |
| | |
| | and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady ofter death. |
| | 23A. SIGNATURE 23B. DAYE SIGNED 23B. DAYE SIGNED 23B. DAYE SIGNED |
| | Phys. Director Phys. |
| | 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS |
| | DR. SIDNEY KREIDER M.D. 4940 Eastern Avenue, Baltimore, Md., #21224 |
| | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Sity, town, or county) (System) |
| | Durial 3/30/66 Int. Calvary a. a. County. mes |
| | 254 PARE USON BYSHEALTH DEPT. 258. NAME OF REGISTERAR DEC. FUNERAL DIRECTOR ADDRESS |
| | MAN 60 1900 Cocon - Control of Jack 1 1304 h. Park |
| 1 | Justin 10 10 1 11 Carpe |

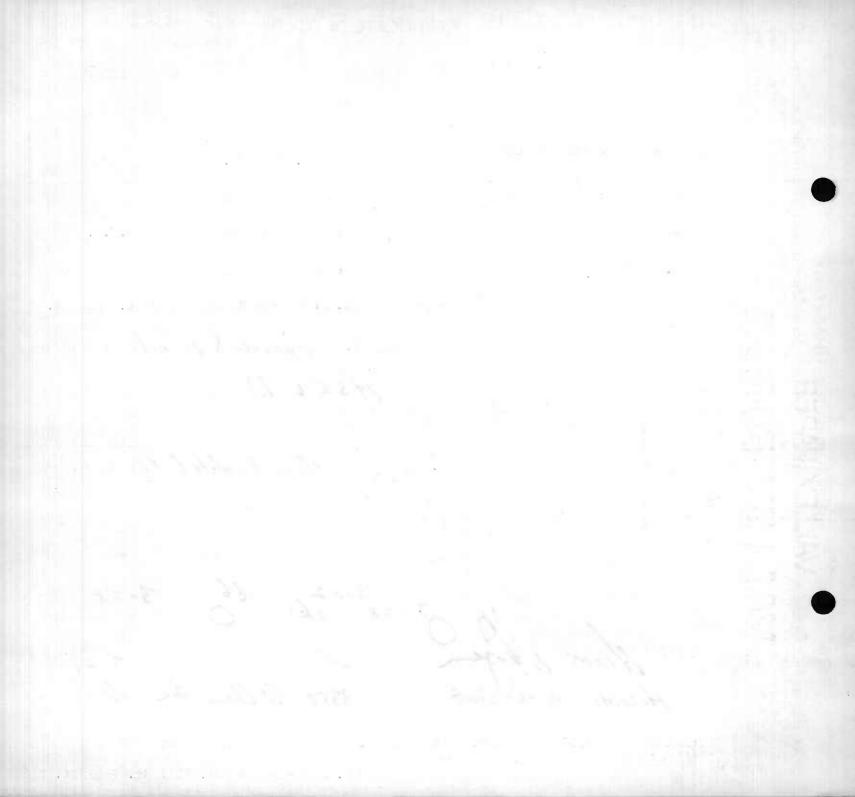




BALTIMORE CITY HEALTH DEPARTMENT



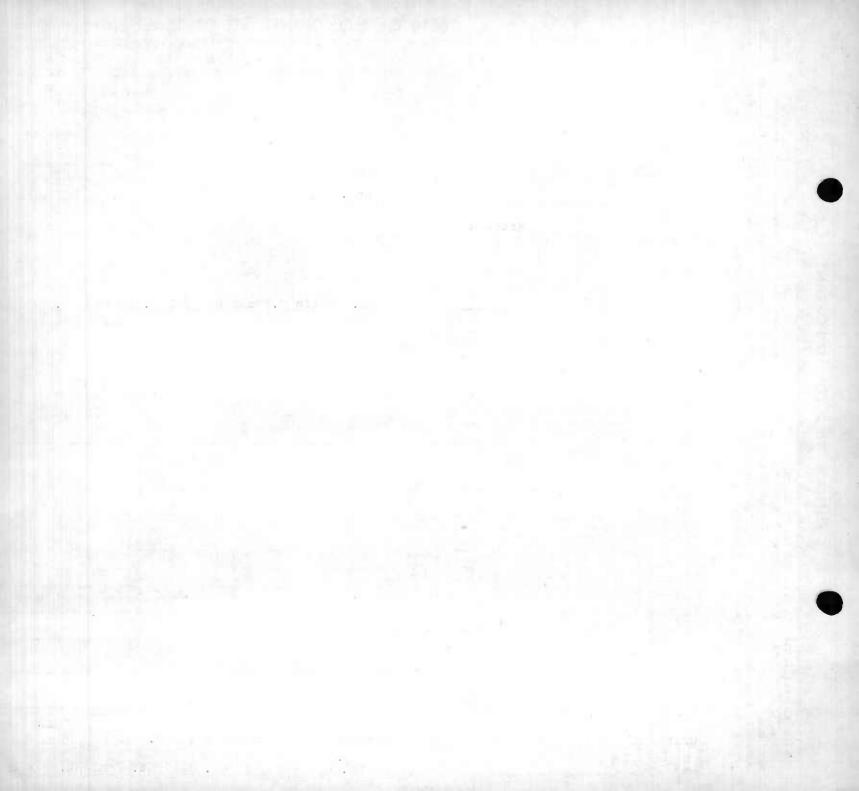
| | e or Print) | CEASED | ULDIO | | 2. DA | TE AND HOUR OF DEAT | TH 1 | |
|-----------|--|--|--|--|---|--|--|--|
| 3. P | LACE OF DE | BERNARD F. | | | 3/28/66 []4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admiss) | | | |
| H | ULL NAME | | | nve street | Maryland c. city or town | (If outside city limits, wri | te RURAL ond give township) | |
| | 7 | cy Hospital Ba | ol+imore | Me. The | Baltimore D. STREET ADDRESS | (If rurol, give location) | | |
| 1 | Mer | cy nospital ba | artimore | | 1719 St. P | aul St. | | |
| 5. S | tx (ale | White | | NEVER MARRIED , DIVORCED (specify) | B. DATE OF BIRTH July 25, 19 | 9. AGE (In years lost birthdoy) 12 53 | If Under 1 Yr. If Under 24 Months Doys Hours M | |
| ΙÓΆ. | USUAL OCC | UPATION (Give kind of work | | | | | 12. CITIZEN OF | |
| | Chef | f working life, even if retired) | | | Baltimore, | | U.S.A. | |
| 13. F | ATHER'S NA | ME | | | 14. MOTHER'S MAIDE | N NAME | | |
| 5. V | Wm. U | 1rich d Ever in U. S. Armed Form | ces? | 16. SOCIAL SECURITY NO. | Gertrude | ? | ADDRESS | |
| | | in the yes, give wor or dole | 3 01 36141067 | | Mws Tooms | tto III wish 1 | 710 Ct Doub Ct | |
| _ | 1B. // | 2011 | | 215-07-9602 | Mrs. Jeanne | tte Ulrich 1 | 719 St. Paul St. | |
| | injury ar co | | | | 1+5/10/1/ | / / | 18 64 1 | |
| NO | DISEASES rise to II UNDERLYIN | ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) and the couse (A) and the conditions of the c | any, giving slaling lhe | (B) | [| 1- 4/06 | jens | |
| IFICATION | DISEASES rise Io II UNDERLYIN OTHER SIGN TO THE I DISEASE OF | OR CONDITIONS, if the above couse (A) | any, giving slating the CONTRIBUTING TO THE TENT TO TH | deepl | | or No! 20B. If YES, WEI | RE FINDINGS CONSIDERED CAUSES OF DEATH? | |
| AL CERTIF | DISEASES rise Io II UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19A. DATE OF | OR CONDITIONS, if the above couse (A) IG CONDITION last. II AIFICANT CONDITIONS CODEATH BUT NOT RELAW CONDITION CAUSING IF CONDITION CAUSING IF OPERATION [198, CON | any, giving slaling the CONTRIBUTING STEEL TO THE T. DITION FOR VERNED | PLACE OF INJURY (e.g., form, factory, street, o | | or No. 20B. IF YES, WEI IN CERTIFYING | | |
| DICAL | DISEASES rise Io II UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19A. DATE OF | OR CONDITIONS, if the above couse (A) IG CONDITION last. II STATE OF CONDITIONS CONDITIONS CONDITION CAUSING I OF OPERATION 198, CONWAS PERIOR WAS UNDERLYING CAUSE OF | any, giving slaling lhe CONTRIBUTING STED TO THI T. DITION FOR V FORMED 21B. ham etc.) | PLACE OF INJURY (e.g., form, factory, street, or | in or obout 21C. WHERE office bldg., INJURY OCC | or No. 20B. IF YES, WEI IN CERTIFYING | RE FINDINGS CONSIDERED CAUSES OF DEATH? | |
| MEDICAL | DISEASES rise Io II UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19A. DATE OF 21A. ACCID OR CONTRIE DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we | OR CONDITIONS, if the above couse (A) is the above couse (A) is conditions (A) is conditions or cousing the conditions of the condition of the | ONTRIBUTING TED TO THI Y. DITION FOR V FORMED 218. ham etc.) (Hour) 21E. Whi Wor | PLACE OF INJURY (e.g., e, form, factory, street, of the place of the p | in or obout 21 C. WHERE office bldg., INJURY OCC | Or No. 20B. IF YES, WEI IN CERTIFYING (If in Bollin UR? ID INJURY OCCUR? | RE FINDINGS CONSIDERED CAUSES OF DEATH? | |
| MEDICAL | DISEASES rise Io II UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19A. DATE OF 21A. ACCID OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur at | OR CONDITIONS, if the above couse (A) if the above couse (A) if CONDITION last. II STATE OF CONDITIONS CONDITIONS CONDITION CAUSING IT OF OPERATION 198. CONDITION CAUSING IT OF OPERATION 198. CONDITION CAUSE OF the medical examines) (Month) (Doy) (Year) That (I) (this hospital of the couses stated the couse stated the couses stated the couse stated the couses stated the couse | ONTRIBUTING TED TO THI Y. DITION FOR V FORMED 218. ham etc.) (Hour) 21E. Whi Wor | PLACE OF INJURY (e.g., e, form, factory, street, of the last of th | in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW Divided the bady after detending Med. Director | Or No. 20B. IF YES, WEI IN CERTIFYING (If in Bollin UR? ID INJURY OCCUR? | RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact locotion) | |
| MEDICAL | DISEASES rise Io II UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19A. DATE OF 21A. ACCID OR CONTRIE DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur at 23A. SIGNAT | OR CONDITIONS, if the above couse (A) IS CONDITION I asl. II SIFICANT CONDITIONS CONDEATH BUT NOT RELAY CONDITION CAUSING FOPERATION 198. CON WAS PERIOD (Month) (Doy) (Yeor) I ST OPERATION (Peor) (Month) (Doy) (Yeor) I ST OS (I Spe) (COS (I SPE) (CO | any, giving slaling the station of t | PLACE OF INJURY (e.g., e, form, factory, street, of the property of the proper | in or obout 21 C. WHERE office bldg., INJURY OCC 21 F. HOW D ile 3 | or No. 20B. IF YES, WEI IN CERTIFYING IN CERTIFYING UR? (If in Bollin UR? 190 to and that in (my) (aur) of eath. Stoff Phys | RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location) 3 - 2 3 19 6 apinian death accurred on the 3 - 29 - 6 | |
| MEDICAL | DISEASES rise to ill UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19A. DATE OF 21A. ACCID OR CONTRIE DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur at 23A. SIGNAT | OR CONDITIONS, if the above couse (A) if the above couse (A) is the | any, giving slaling the station of t | PLACE OF INJURY (e.g., e, form, factory, street, of the place of the p | in or obout 21 C. WHERE office bldg., INJURY OCC 21 F. HOW D ile 3 | or No. 20B. IF YES, WEI IN CERTIFYING UR? (If in Boltin UR? 19 to and that in my) (aur) of eath. | RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct locotion) 3 - 2 - 19 Capinian death accurred on the | |



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DIRECTOR:

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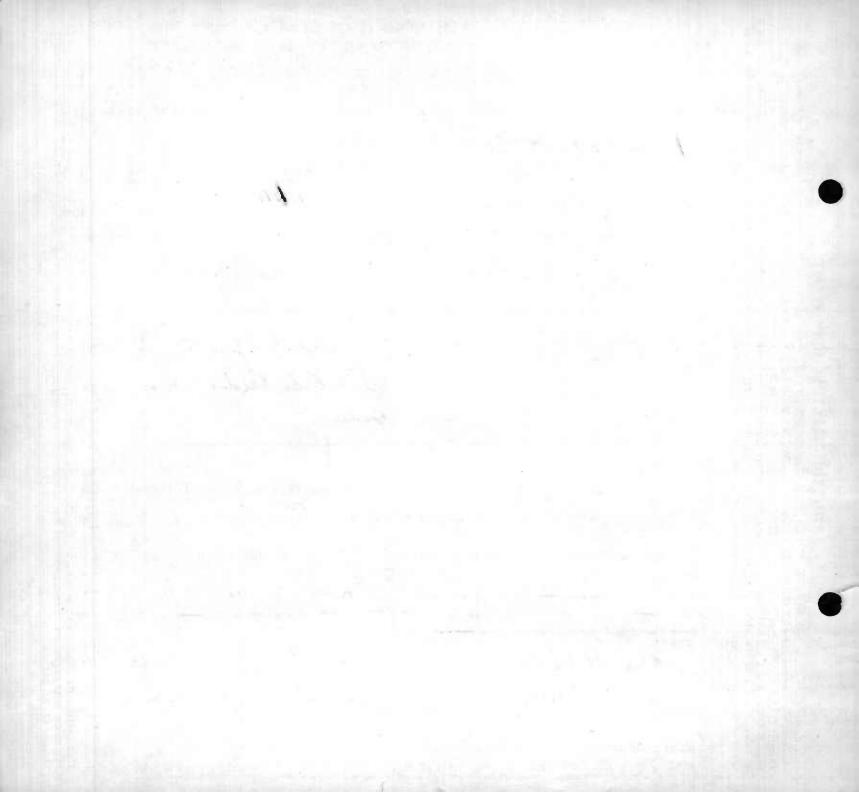


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|---------------|--|------------------------------|--|---------------------|---|-------------------------|----------------------------|---------------|------------------|
| BIRTH NO. | | ICAL E | AMINER 3 CI | RIFICAL | e Or D | EAIN Registe | ered No | | |
| M.E. CASE | OF DECEASED | | | 10 | DATE AND | HOUR PRONOUNC | ED DEAD | | |
| (Type or Pri | GEORGE J. M. | AT OMEV | | 1 | | | | 0.00 | A |
| 3. PLACE II | N BALTIMORE, MARYLAND, W | | UNCED DEAD | 4. USUAL RESIDEN | MCE(Where d | ch 25, 1966 | titution; residen | 9:00 | A _M , |
| | | | | A. STATE | land | eceosed lived. If inst | INTY | 00 00,010 0 | 331011 |
| FULL NAM | | AL OR INSTITU | JTION, GIVE STREET | | | corporate limits, write | RURAL ond | give townsh | nip) |
| INSTITUTIO | N | | | | imore | | 11 | 03 | |
| U | INTON MINOREAS | I HOODE | T A 7 | D. STREET ADDRE | | nive location! | 10 | 00 | |
| 1 | UNION MEMORIA | L HOSPIT | LAL | unkn | | ????? | | | |
| 5. SEX | 6. RACE | 7. MARRIED, | NEVER MARRIED | B. DATE OF BIRTH | | 9. AGE (In years | If Under 1 | Yr. If Unde | 24 Hrs |
| Male | White | WIDOWED, Divor | DIVORCED (specify) | Sept. 15, | 1021 | lost birthdoy/ | Months Do | ys Hours | Min. |
| | OCCUPATION (Give kind of world | | | | | | 12. CITIZEN | OF | 1 |
| done during | most of working life, even if retired) | | Preparation | | | | WHAT | COUNTRY? | |
| 13. FATHER | RR&Butcher | 11Cac | rreparation | Baltimore | | land | U.S.A | 1. | |
| _ | | | | | | , | | | |
| | s Maloney | CORCOS | 11/ 50 0/41 | Catheri | ne REil | ley | | | |
| Yes, no or un | CEASED EVER IN U.S. ARMED | s of service) | SECURITY NO. | 17. INFORMANT | A LENS | | Balto | .12, N | Md. |
| No | | | 220-03-9873 | Mrs. Catl | herine | Weller 6 | +14 Sher | wood ! | Rd. |
| 18. | 50,0 | | CAUSE | OF DEATH | | | | TERVAL BE | |
| - | DISEASE OR CONDITION DI | DECTI V | | | | | OI | NSET AND | DEATH |
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| (This | does not meon the mode of foilure, osthenio, etc. It meons | dying, e.g., the disease. | DUE TO | vere fatty | | | | *********** | |
| injury | or complication which caused | deoth.l | | vere race, | 11101 | | | | |
| | ANTECENDENT CAUSE | S | | | | | | | |
| DISE | ASES OR CONDITIONS, IF A | NY, GIVING | DUE TO | | | ••••••••••• | | | |
| | DERLYING CONDITION LAST. | IAIING THE | | | | | 40.0 | | |
| Z | | | (Cl | | • | | | | |
| Ē | li . | CONTRIBUTE: | | | | | | - | |
| OT TO | ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT REI | LATED TO T | HE Arteriosc | lerotic ca | rdiovas | scular dise | ase | | |
| - | ASE OR CONDITION CAUSING | | | | | | | 0 4 | |
| O IYA. DA | ATE OF OPERATION 198, CON | | WHICH OPERATION | | 11 | OB. IF YES, WERE FILL | NDINGS CON SES OF DEATH | SIDERED 4? | |
| 1 93 | TERNAL CAUSE WAS | 01.0 | DI ACE OF INITIAN | | es | Yes | | | |
| UNDER | LYING OR CONTRIB- | home etc.l | PLACE OF INJURY (e.g., i , form, foctory, street, o | ffice bldg., INJURY | OCCUR? | in Boltimore City, gi | ve exact locati | ion) | |
| 21D TI | |) (Hourl 2 | 1E. INJURY OCCURRED | 21 F. HOV | V DID INJUI | Y OCCUR? | | | |
| OF INJU | | V | VHILE AT NOT V | VHILE | | | | | |
| 22. | | m. V | VORK LAT W | ORK L | | | | | |
| | I certify that I held an I | nquiry 🗌 | Inspection Aut | opsy X ond | that on this | bosis, deoth in n | ny opinion | | |
| | resulted from: Noturalico | uses X A | ccident Suicide | Homicide | Ur Ur | determined monne | er . | | |
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| | GNATURE CAMINED'S | July | | ASSOCIATE ME | | | 3-2 | 5-66 | |
| | KAMINER'S Rudiger | Breite | enecker, M.D. | A330CIATE ME | DICAL EX | AMINER | | | |
| | L CREMATION, 238 DATE | 23 | C. NAME of CEMETERY of | CREMATORY | 23 D. LO | CATION (City, | town, or coun | tyl (| Stote) |
| Buria | | 28,1966 | Moreland Men | norial | Ва | ltimore, Ma | aryland | | |
| 24A, DATE | REC'D BY HEALTH DEPT. | | OF REGISTRAR | 24C. FUNERAL | | | ADD | RESS | , |
| MA | IR 29 1066 (| | of the place | Wm Coc | k-Brook | Town | son, Md | 2120 | 4 - D.7 |

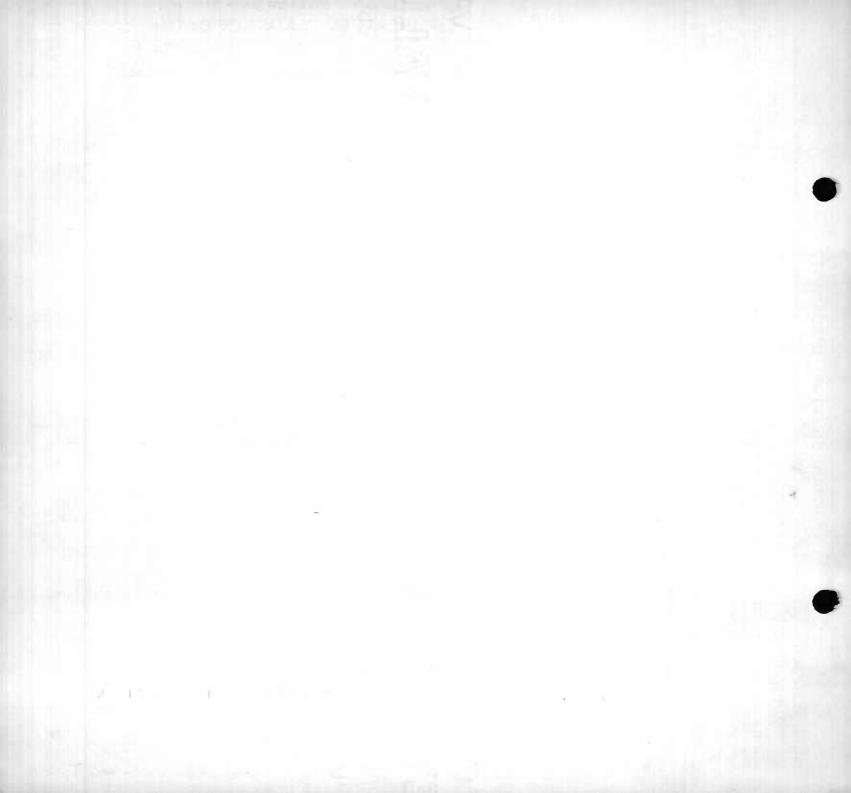
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COCHD-9873 A Mrs. Cornerine Childe alex .1. The New York 16 to though with the season of the state of the season of the

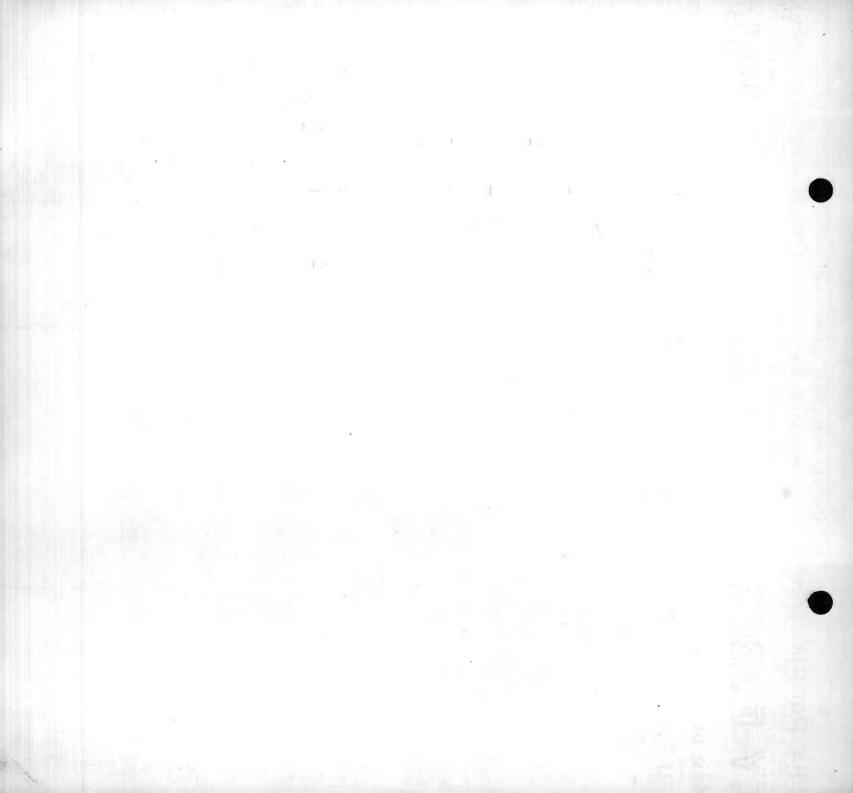
| _ | 35695 | BIRTH NO. CERTIFICATE OF DEATH Registered No. | 03153 |
|--------|---|--|--|
| | deat deat deat deat sase Suc | M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type of Pent) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institute and the pentile of the | Mution: residence before admission) |
| | a hospital cause of cause of cause of cse; (5) December to and anter or to agath. | ERFLET NAME OF A His act in hospital or institution, give street INSTITUTION C. CITY OR TOWN (If guiside city limits, write RUR.) Bullianure | AL and give township) |
| | outing ned cau ar atte | 1188 STORDARD CA. Home D. STREET ADDRESS (Il rurol, give location) | f Under 1 Yr. , If Under 24 Hrs. |
| D | contribution contribution regulation is made on is ma | Servele Coloral WIDOWED, DIVORCED (specify) Jensele Coloral (specify) Jensele Coloral (specify) Jensele Coloral (specify) Jensele Coloral (specify) Modern Market (specify) Jensele Coloral (specify) Jense | f Under 1 Yr. If Under 24 Hrs. Ain. 2. CITIZEN OF WHAT COUNTRY? |
| | if dea ect or 4) Und was the d | Houseufe Nome Bultimore Me 13. FATHER'S NAME | 1181 |
| ORTAN | ssistant the dir kind; death nce on final di | 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT | ADDRESS |
| IMPO | Also, if re of any nounced attenda | CALICE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| CTOR: | fracture o pron gular embalr | heart foilure, asthemio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CALLESS (B) Attractivity Cardio variety | - Zyean |
| DIRECT | ical exanus; (3) A ician wh | rise to the above couse (A) stating the (C) | 0 |
| ERAL D | f medical medical y burns; physicic ian was e remair | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| UNE | he chie by a (2) Body re the physic fore th | | DINGS CONSIDERED S OF DEATH? |
| - | by the re; whe No | OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) OR CONTRIBUTING (Month) (Pay) (Year) (Hand) (2) E. INJURY OCCURRED (2) E. HOW DID INJURY OCCURRED (2) E. HOW DID INJURY OCCURRED (2) E. HOW DID INJURY OCCURRED (3) E. HOW DID INJURY OCCURRED (4) | |
| | the hos ny natu except and (6) | 22. I certify that (1) (this haspital) attended the deceased from 1021 to 1021 | 10 Mar 19 66 |
| | ased to dent of a ospital (death); must be | | n death occurred on the dote |
| | a ho | Attending M.D. Attending Med. Stoff Phys. Director Director Phys. | ix Yarls |
| | certificate body was r rs: (1) An a D.O.A. at assed prior | | lawn, or county) (State) |
| | This certification the body shows: (1) was D.O. deceased written a | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. ENNERAL DIRECTOR BAR 29 1996 (10 25B. NAME OF REGISTRAR 25C. ENNERAL DIRECTOR 25C. ENNERAL DIRECTOR 25C. ENNERAL DIRECTOR | ADDRESS |
| | | VS 150-REV. 1/1/65 | / |



| 1, N | AME OF DECE | EASED | | 0, _ | (| | | NO HOUR OF DEATH | 11534 |
|---------------------|--|--|--|--|--|--|--|---|---|
| | e or Print) | - MM | A | CHE, | RRY | | - / | 22/66 | U |
| F | FULL NAME OF | F (tf not in | | or institution, | give street | A. STA | ARYLANI |) | filution: residence before odmiss |
| | | | | | HOSPITAL | C. CII | ALTIMOR | utside city limits, write RI | URAL and give township) |
| 1 | AL WC | 1110 5 1 | ,,, | , , , | 103/11/12 | D. STR | | rurol give locotion) | 0- |
| 1 | | | | 1.71 | | 10 | 229 E. | CHASE | 57- |
| 5. S | EX | 6. RACE | | WIDOWE | DOWED (specific | B. DATE | 4 99 | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Months Days Hours Min |
| | USUAL OCCU | | | 10B. KIND O | F BUSINESS OR INDU | STRY 11. BIR | THPLACE (State or for | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| JOINE | e dorning most of w | Betu | 10 | | | 10, | Mun low | the Cawling | USA |
| 13. [| FATHER'S NAM | AE // | / | / | | 14. MC | THEE'S MAIDEN NA | IME | |
| | SILA. | S H | 1CK | SON | | C | -LIZA | | |
| 15. V (Yes | Was Deceased s, no or unknown) | Ever in U. S. | Armed For | ces? | 1 6. SOCIAL SECURITY NO. | 17. INF | ORMANT | | ADDRESS |
| | NO | | | | 213-30-685 | 4 0 | HH HI | STORY | |
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| | LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DUE TO | | | | | | MRUNUMIT | THONTH | |
| | heart failure, astheria, etc. It means the disease. | | | | | | 2 | | |
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VS 150-REV. 1/1/65



| 11 0 | 1. NAME OF D | ECEASED | | | | 2. DATE AND HOUR PRONC | UNCED DEAD | |
|-------|--|--|---|----------------------|-----------------|--|---|---|
| | (Type or Print) | Earl Mc.COR | | | | March 27,1966 | | 2:15 A. |
| | 3. PLACE IN BA | LTIMORE, MARYLAND, W | | | | ence (Where deceased lived. yland | If institution: resider | nce before odmission) |
| | FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOCA | AL OR INSTITUTION (TION) | , GIVE STREET | C. CITY OR TOV | VN (If outside corporate limits .timore | , write RURAL and | give township) |
| | 38 | University He | ospital | diden. | D. STREET ADDI | RESS (If mod, give locotion) Bridgeview Roa | d | 0 0 |
| 77.51 | 5. SEX Male | 6. RACE Colored | 7. MARRIED, NEVE WIDO WED, DIVOR | | Jan 20 | 9. AGE (In lost by doy) | reors If Under 1 Months D | Yr. If Under 24 Hrs. oys Hours Min. |
| | done during most o | CUPATION (Give kind of work f working life, even if retired) | 108 KIND OF BUS | NESS OR INDUSTR | Balto | State or loyeign country) | 12. CITIZEN WHAT | OF COUNTRY? |
| | Borne | wel mc Co | mick | | 14. MOTHER'S M. | My Jones | | |
| | | SED EVER IN U.S. ARMED | | CCIAL ECURITY NO. | Mary o. | re me Corne | A So | eme_ |
| | 18. | 823,4 | | | OF DEATH | | | NTERVAL BETWEEN |
| | | ASE OR CONDITION DIS LEADING TO DEATH | | | ple injuri | .es | | |
| 7.5 | (This does heart failur injury or c | not meon the mode of re, osthenio, etc. It meons complication which caused | dying, e.g., the discose, deoth.) | DUE TO | •••••••••• | ••••• | | 00 100 0 100 0 4 00 0 0 110 110 0 0 0 0 |
| | RISE TO T | ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. | NY, GIVING | (B) | | | ••••••••••••••••••••••••••••••••••••••• | ····· |

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(Doy)

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS

20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID He is Bulimore City, give exect location) home, form, foctory, sheet, office bldg. Injury occur? Baltimore—Washington Expressway etc. street

(Hour) 21E. INJURY OCCURRED 1966 1:00 AWHILE AT NOT WHILE

Passenger of car which went out of control

I certify that I held an Inquiry

Inspection

m. WORK

Autopsy X Hamicide

and that an this basis, death in my apinian

resulted fram: Natural causes

23B. DATE

Accident X Suicide

Undetermined manner DATE SIGNED

ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D.

(Yeor)

ASSOCIATE MEDICAL EXAMINER

March 27,1966

NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify)

CERTIFIC

MEDICAL

21D TIME

OF INJURY (APPROXMATCH

23C. NAME OF CEMETERY OF CREMATORY

23D. LOCATION

(City, town, or county)

(Stote)

DEPT.

UNDERLYING XOR CONTRIB-UTING CAUSE OF DEATH.

248, NAME OF REGISTRAR

24C. EUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6 112157

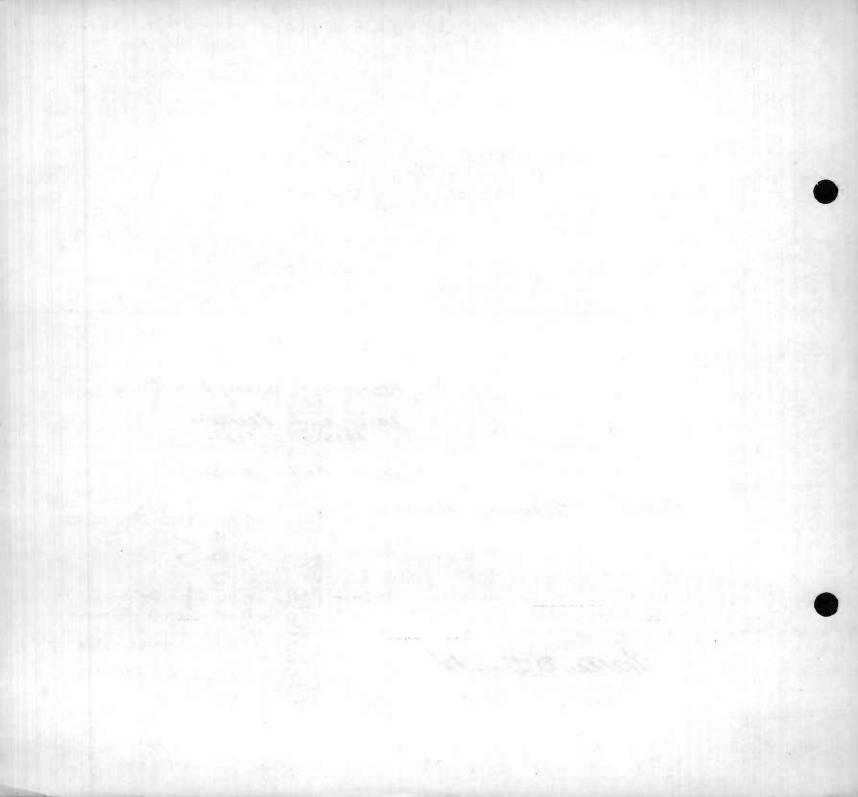
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BIRTH NO.

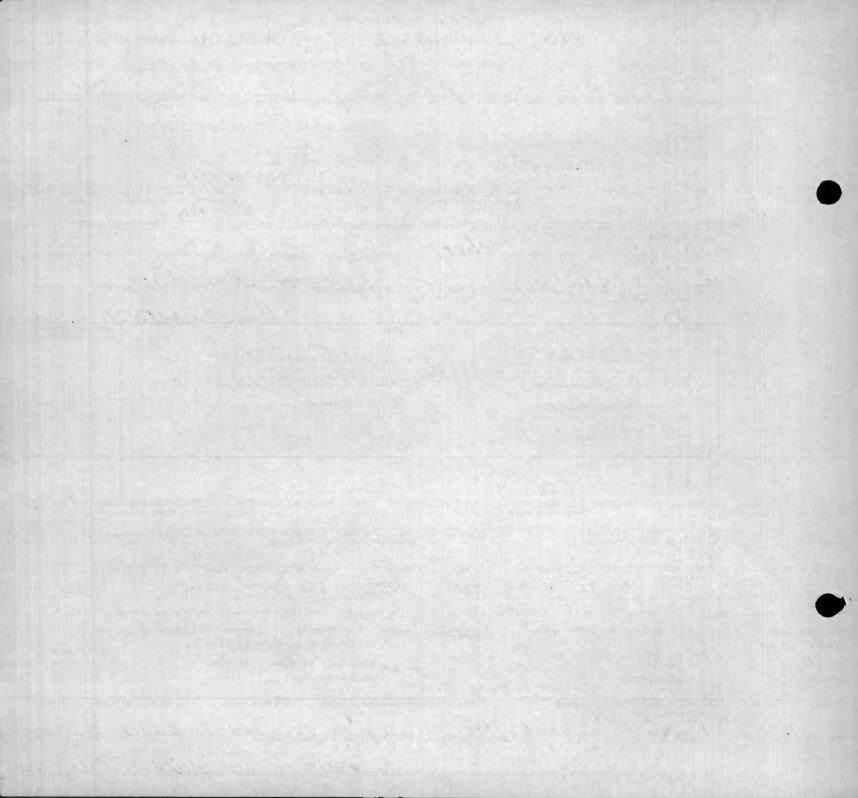
VS 150-REV. 1/1/65

FUNERAL DIRECTOR:



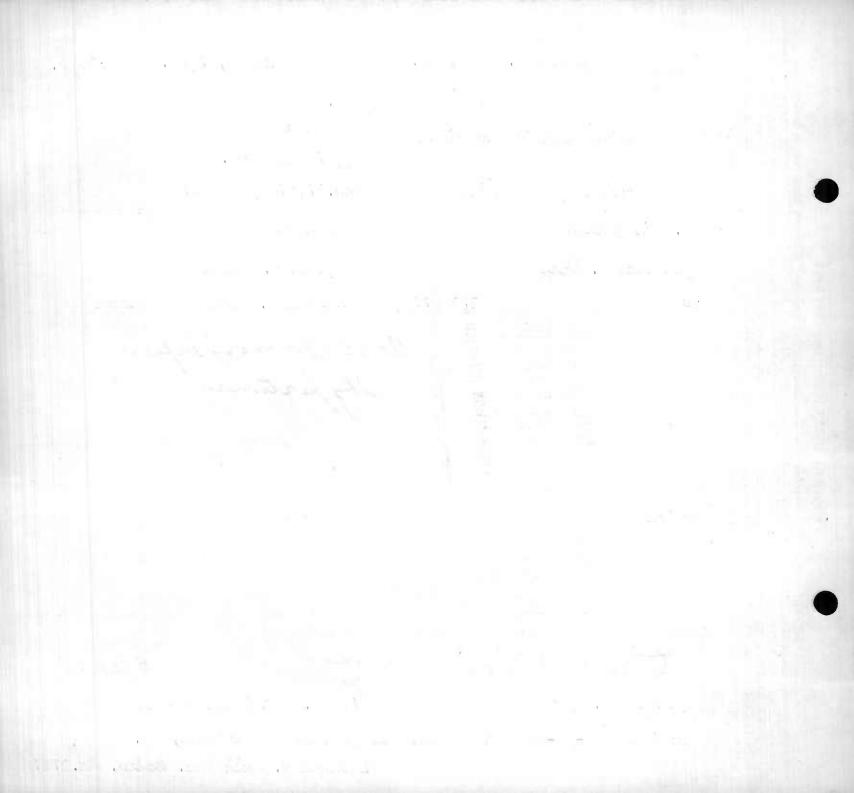
VS 151-REV. 1/1/65

| RTH NO. MEDICAL EXAMINER S LE CASE NO. | S CERTIFICATE OF DEATH Registered No. |
|--|--|
| NAME OF DECEASED | 2. DATE AND HOUR PRONOUNCED DEAD |
| ype or Print) SUSIE WATKINS | March 23, 1966 2:30 P |
| PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY |
| JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) | C. CITY OR TOWN (If outside corporate limits, write RURAL and We township) |
| Johns Honkins Hospital | D. STREET ADDRESS (If rural, give location) |
| Johns Hopkins Hospital | 1207 N. Bond Street |
| Female Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH 9. AGE (In years lf Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. |
| A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR IND ne during most of working life, even if retired) | DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| School School | Gilsond College, N.C. ZI, S. A. |
| Elliate Vilait' | No allay in Pina |
| WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS |
| es, na arunknawn) (If yes, give war ar dates of service) SECURITY NO. | will Bad and annu Ba |
| None | CAUSE OF DEATH INTERVAL BETWEEN |
| EIVIO | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fra | acture-Dislocation of Cervical |
| (This does not mean the made of dying e.g., | rtebrae C3 and C4, with Compression |
| ANTECENDENT CAUSES of | Spinal Cord. |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | |
| (C) | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED | |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | Yes Yes 20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes |
| 21 A EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH. 21 B. PLACE OF INJURY home, form, foctory, street. HOME | (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) treet, office bldg., INJURY OCCUR? |
| 21 D TIME (Manth) (Doy) (Year) (Haur) 21 E. INJURY OCCUP | RRED 21 F. HOW DID INJURY OCCUR? |
| (APPROX.) 3 23 66 P WHILE AT WORK | NOT WHILE X Fall down stairs. |
| 22. I certify that I held an Inquiry Inspection | Autapsy X and that an this basis, death in my apinian |
| | Suicide Hamicide Undetermined manner |
| | CHIEF MEDICAL EXAMINER |
| SIGNATURE (harles) cuty | _M.D. ASSISTANT MEDICAL EXAMINER 3/24/66 |
| EXAMINER'S NAME (Type) Charles S. Petty, M.D. | ASSOCIATE MEDICAL EXAMINER |
| A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMET MOVAL (Specify) | TERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) |
| Buy 2/ 3-28-66 Mt, C2/V | Vary Costy PINNE Arundel Co. Mdi |
| The state of the s | Randolph Cellick 2431E, Oliver St |
| \$ 151-REV. 1/1/65 | Thursday College Add College St. M. |

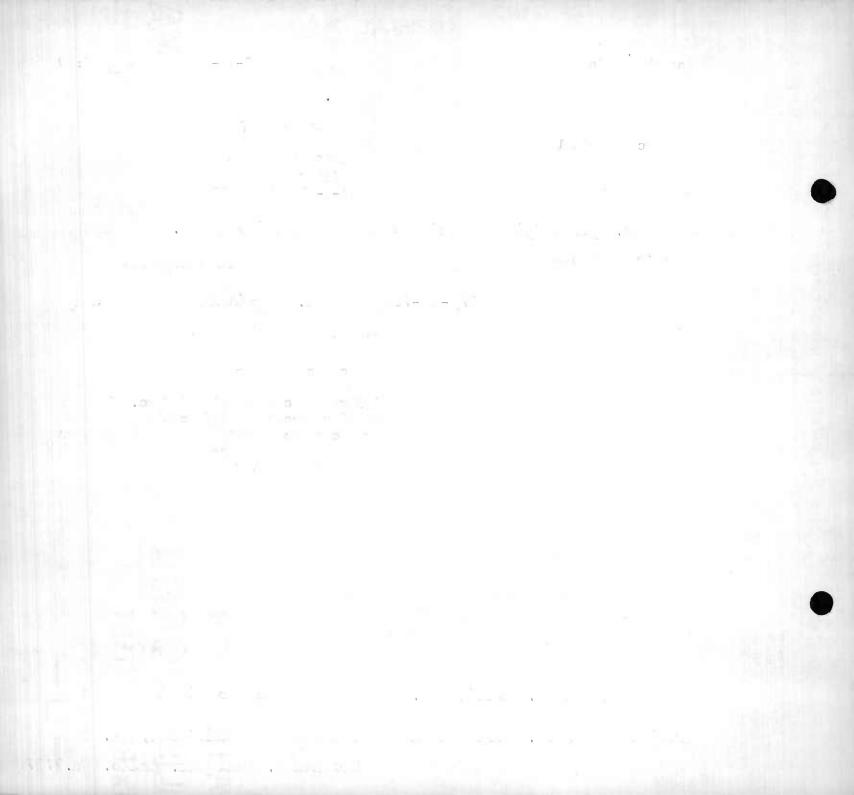


BALTIMORE CITY HEALTH DEPARTMENT





| M.E. CASE NO. | | | 2. OATE AND HOUR OF DEATH | |
|-------------------|--|------------------------------------|--|---|
| | h Mazziotte | | | 0 70 |
| JOSEDI | n Mazzlotte DEATH IN BALTIMORE, MA | PYLAND | 3-28-66 | 8:50 |
| . TEACE OF E | PEATH IN PACIFICACE, MA | NI ENTO | A. STATE B. COUNTY | mon: residence belore dumi |
| FULL NAME | OF (If not in hospital | or institution, give street | Md. | 7/06 |
| HOSPITAL O | R oddress or location |) | C. CITY OR TOWN (If outside city limits, write RUR. | AL and give township) |
| | | | Baltimore #14 | |
| Mes | rcy Hospitah | | O. STREET ADORESS (If rurol, give tocotion) | |
| 1-16. | roy mosproan | | 2912 Gibbons Ave | |
| . SEX | 6. RACE | 7. MARRIED, NEVER MARRIED | | Under 1 Yi., If Under 2 |
| | | WIDOWED, DIVORCED (specify) | X2/20/93 lost birthdoy | Under 1 Yi. If Under 2 onths Doys Hours N |
| M | W | M | xeexecc 73 | |
| | CUPATION (Give kind of work of working life, even if retired) | 108. KINO OF BUSINESS OR INDUSTR | 11. BtRTHPLACE (State or foreign country) | 2. CITIZEN OF WHAT COUNTRY? |
| Chiat | Dan Clark | City Circuit Cou | rt Baltimore Md. | IISA |
| 3. FATHER'S N | AME | City (secure Con | 14. MOTHER'S MAIDEN NAME | UST |
| Pa | lph Mazziotte | | | 1 |
| | - | | Palma Lofre | ao |
| S. Was Deceas | ed Ever in U. S. Armed Fore | s of service) 16. SOCIAL | Palma Lofre | ADDRESS |
| Coping of Wilking | 703, give wor or dote | | 9 Mary L. Mazziotte | / (|
| 10 2 | | 21/-03-100 | 7 mary L. mazzionie | (Same) |
| 60 | 0.01 | CAUSE | OF DEATH | INTERVAL BETWEEN |
| DISE | ASE OR CONDITION DIR | ECTLY | Bilateral Bronchopneumonia | 8 days |
| /This days | LEADING TO DEATH | (A) | astrointestinal hemorrhage | 9 days |
| | s not mean the made of ie, asthenio, etc. It means | | Peptic Ulcer of espphagus | 7 449 |
| | complication which coused | death.) | | 10 desse |
| | ANTECEDENT CAUSES | | & stomach | 10 days |
| DISEASES | OR CONDITIONS, if | ony, giving | iaphragmatic myocardial infar | 2 years |
| iise ta | the above cause (A) | stating the (C) A | nterior myocardial infarcation | 9 days |
| UNDERLYI | NG CONDITION last. | C | Chronic pyelonephritis | 5 years |
| | | A | SCVD WITH PARtial occlusion | |
| | ONIFICANT CONDITIONS C | | of renal artery | |
| OISEASE | OR CONDITION CAUSING I | | | |
| 19A. DATE | MALAC BERE | DITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE | |
| 2 10 | ONE WAS PERF | - KIVIE D | les IN CERTIFYING CAUSE | 3 OF UEATH! |
| 21A. ACCIT | DENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., | in or obout 21C. WHERE OLO (If in Boltimore Ci office bldg., INJURY OCCUR? | ty, give exact location) |
| DEATH (no | tify medical examiner | home, form, foctory, street, etc.) | onice bidg., INJUKT OCCUK! | 1 |
| 21D. TIME | (Month) (Doy) (Year) | (Hour) 21E, INJURY OCCURREO | 21F. HOW DIO INJURY OCCUR? | |
| OF INJURY | (Months (Doy) (Teon | While At Not W | | |
| (APPROX.) | | Work At Wor | k L | , |
| 22. I certi | fy that N (this hospital |) attended the deceosed from | 3/18/66 19 to 3/2 | 8/66 19 |
| that (1) (| a) last sow the decesse | d alive on 3/28/66 | | |
| 1 | | | | n deorn occurred on th |
| | | ed above. (1) (We) (did) (did not) | | |
| 23A. SIGNA | TURE O OM | | 3.4 | B. DATE SIGNED |
| (he | tes (Collen | () () M.D. A | ttending Med. Stoff Phys. | 3/28/6/ |
| 23C. PHYSIC | | 5 | 23D. ADDRESS | |
| NAME | | . Collins Jr. M.E | Maran Hamidal | |
| | Crester | | 0 / | 57 12 70 |
| 4A. BURIAL C | REMATION, 24B. DATE | 24C. NAME of CEMETERY of C | | lown, or county) (S |
| Run: | 01 11/1/66 | Halu Radaaman | Cemetery Baltimore, | Md. |
| SA. DATE REC | TO BY HEALTH DEPT. | 25B. NAME OF REGISTRAR | Cemetery Baltimore, Leonard J. Ruck Inc. Bo | AODRESS |
| BEAR | 00 1020 00 | 4 2 Fallen MA | Lagrand O Buch One Q. | 1to Md 21. |
| MAK | 40 1900 G(200 | O C' GONNON | 4 contact y. Muck site. De | 1110. 1110.212 |



SHOOL NEILLE MARYIAND

Lateran Hospital of BAITINGRE

MARYIAND

TO MARYIAND

TO MODERN AVE.

Myockedial 30 ANS

2/27 3/27 60 60 3/28

INIA C. EspinA Lubr

TO THE PARTY OF TH

IMPORTANT

FUNERAL DIRECTOR:

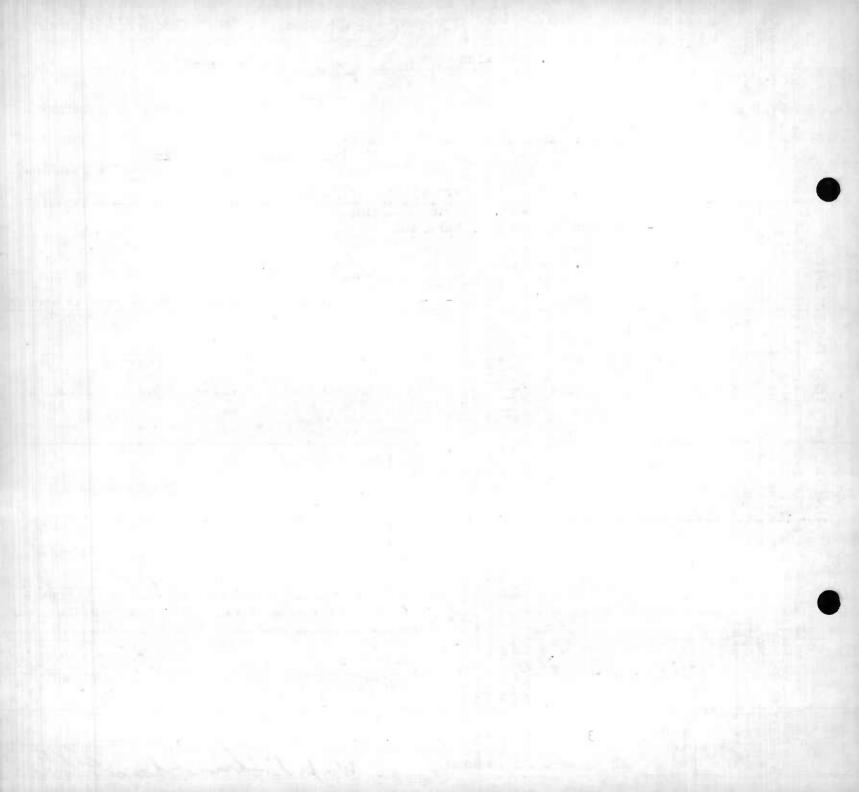
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

ADDRESS



4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) Wynnewood Towers Apartments 10 If Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS same address INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exact location) __and that in (my) (ass) opinion death accurred on the date 23 B. DATE SIGNED (City, town, or county) VS 150-REV, 1/1/65

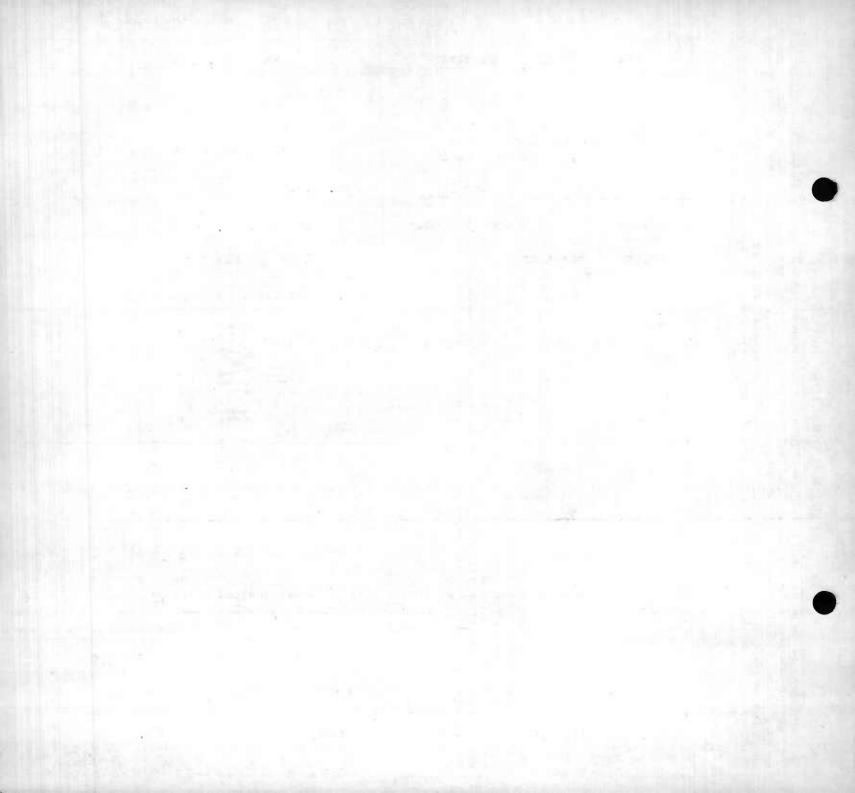
IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO.

66 03164

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



a hospital and

| (Тур | E CASE NO. NAME OF DECEASED pe or Print! Johanna DeMuth | | | | | March 28, 1966 | | | | |
|------------------|--|--|--|---|---|--|---|-------------------------------------|---|--------|
| C, | PLACE OF DEATH IN BALTIMOSE MARYLAND TENDED POEL NAME OF (If not in hospital or institution, give street 4-5-66 address or location) 702 St. Johns Road Baltimore, Maryland 21210 | | | | | 4. USUAL RESIDENCE (Where deceosed lived. If institution: rosidence before on A. STATE Maryland C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, also location) 702 Saint Johns Road 10 | | | | 2 |
| 5. S Fe | ex emale | 6. RACE White | | | NEVER MARRIED, DIVORCED (specify) | B. DATE OF B | | P. ACE (In years ost birthdoy) | If Under 1 Yr. If I Months Doys Hou | Under |
| Ho | | working lite, ever) ME | | 10B, KIND OF | BUSINESS OR INDUST | Baltin | nore Co. | Md. | 12. CITIZEN OF WHAT COUNTR | RY? |
| | Wos Deceased | Ever in U. S. | Armed Forces? 16. SOCIAL | | | | Margaretta Kohler | | | |
| (Yes | s, no or unknown | (If yos, give | wor or dotes | s of service) | SECURITY NO. | Miss Et | addrass | | | |
| | (This does n | SE OR CONDI LEADING TO | DEATH made of | dying, e.g., | (A) | pleru | scler | ous | | D DEA |
| NO | (This does in heart failure, injury or com | LEADING TO not mean the asthenia, etc. nplication whice ANTECEDENT OR CONDITION G CONDITION II | DEATH made of III means th caused CAUSES DNS, if o use (A) N last. | dying, e.g., lhe disease, death.) ony, giving slating the | | O O O O O O O O O O O O O O O O O O O | i nahin wa dan min fininka a yan pipin wan | nus. | | D DEA |
| FIFICATION | (This does in heart failure, injury or con DISEASES (rise to the UNDERLYING OTHER SIGN) TO THE DISEASE OR | LEADING TO not mean the asthenia, etc. nplication whice ANTECEDENT OR CONDITION E obave ca G CONDITION IFICANT CONE EATH BUT CONDITION CONDITION FOREATION | DEATH made of II means th caused CAUSES DNS, if o use (A) I last. DITIONS CO NOT RELATA AUSING IT. | dying, e.g., lhe disease, death.) ony, giving slating the ONTRIBUTING TED TO THE f. | (C) | | i nahin wa dan min fininka a yan pipin wan | 20B. IF YES, WER | | |
| L CERTIFIC | (This does in heart failure, injury or community or commu | LEADING TO not mean the asthenia, etc. nplication whice ANTECEDENT OR CONDITION E obave ca G CONDITION IFICANT CONE EATH BUT CONDITION CONDITION FOREATION | DEATH made of III means th caused CAUSES DNS, if o use (A) N last. DITIONS CO NOT RELAI AUSING IT 19B. CONE WAS PERFO ERLYING | dying, e.g., lhe disease, death.) ony, giving stating the ONTRIBUTING TED TO THE L. DITION FOR WORMED | (C) | 20 A. AUTO | PSY? (Yos or No | 20B. IF YES, WER IN CERTIFYING C | E FINDINGS CONSIDERE | ED |
| MEDICAL CERTIFIC | (This does in heart failure, injury or community or commu | LEADING TO not mean the asthenia, etc. nplication whice ANTECEDENT OR CONDITION E obave ca G CONDITION INTERPLEDENT CONDITION FOREATION OPERATION OTHER OPERATION OTHER OPERATION OTHER OPERATION OTHER OPERATION OTHER OPERATION OTHER OT | DEATH made of II means th caused CAUSES DNS, if o use (A) N last. DITIONS CO NOT RELATIAUSING IT. 19B. CONE WAS PERFO ERLYING ERLYING | dying, e.g., lhe dissose, death.) ony, giving stating the ONTRIBUTING TED TO THE I. ORMED 21B. home otc.) (Hour) 21E. | /HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED Not W | 20 A. AUTO in or obout 21 C. office bldg., INJU | PSY? (Yos or No | 20B. IF YES, WER IN CERTIFYING C | E FINDINGS CONSIDERE AUSES OF DEATH? | |
| MEDICAL CERTIFIC | (This does of heart failure, injury or con DISEASES (rise to the UNDERLYING OTHER SIGNITO THE DISEASE OR 19 A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) | LEADING TO not mean the astheria, etc. nplication whice ANTECEDENT OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF OPERATION NT WAS UNDI JTING CAUS OF CONDITION OF OPERATION That (1) (this last saw the defrom the cause of the caus | DEATH made of II means th caused CAUSES DNS, if o use (A) N last. DITIONS CC NOT RELAT AUSING IT 179B. CONE WAS PERFO ERLYING SEE OF Inet) haspital) | dying, e.g., the discose, death.) ony, giving stating the ONTRIBUTING TED TO THE L. DITION FOR WORMED 21E. Whill Work attended the d alive an | PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At At Wo e deceased fram (We) (did) (did nat) | 20 A. AUTO in or obout 21 C. office bldg., INJU 21 F. hile 19 view the bady ttending 175. | PSY? (Yos or No.) WHERE DID RY OCCUR? HOW DID INJU and the after death. | 20B. IF YES, WER IN CERTIFYING C | E FINDINGS CONSIDERE AUSES OF DEATH? | ition) |

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258, NAME, OF REGISTRAR

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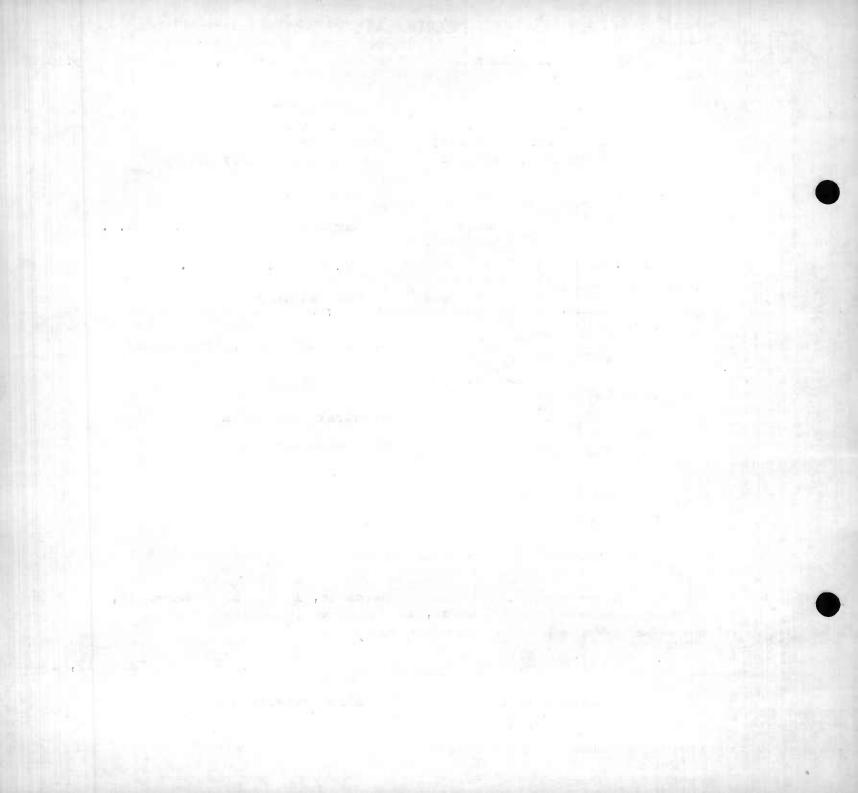
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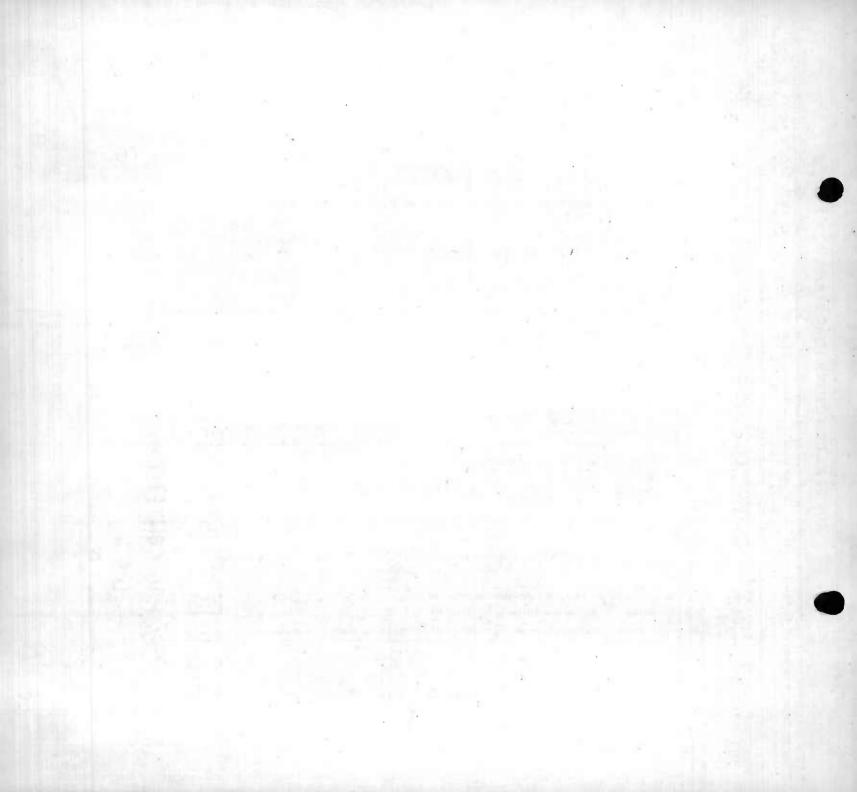
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and

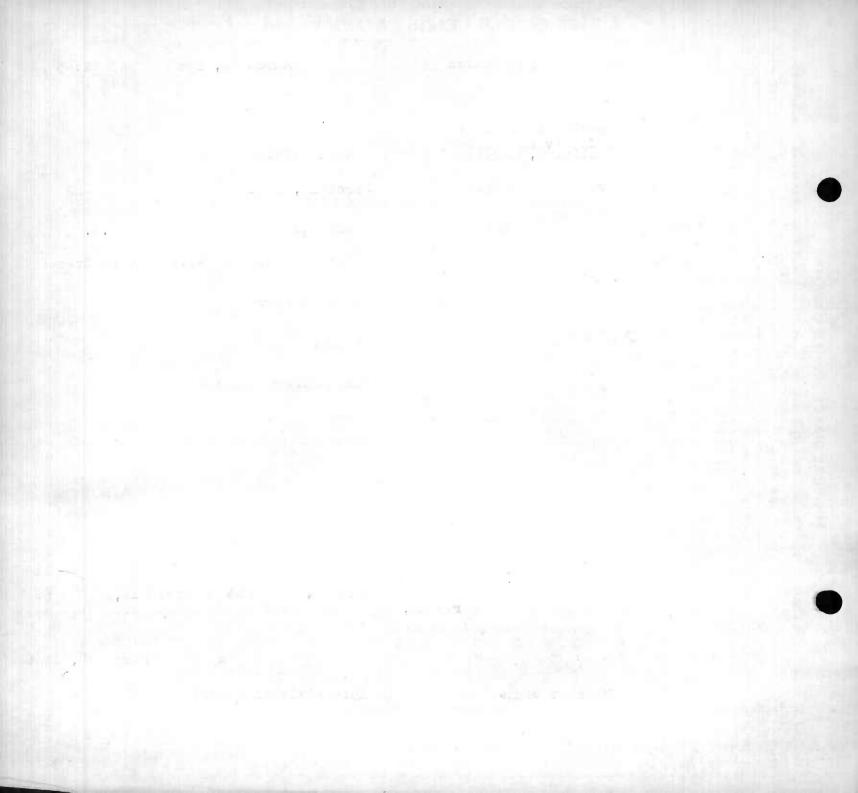
BALTIMORE CITY HEALTH DEPARTMENT ыкти NO. VG-66536 GG 113166 Registered No. CC 12156 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) Baby of Arlene Mason March 16, 1966 5:10 P M 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If not in haspital or institution, give street FULL NAME OF Maryland address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 123 Monastery Avenue 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) If Under 1 Yr. If Un Months Doys Hours 5. SEX 6. RACE R. DATE OF RIPTH 9. AGE (In years If Under 24 Hrs. st birthday Female Negro March 16, 1966 19 Single 10A USUAL OCCUPATION (Give kind of work 10B KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willie Hill Arlene Falcon 123 S. Monastery Avenue 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no ar unknown) (If yes, give war or dates of service)
None 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. None Same as above CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Massive Congenital Atelectasis LEADING TO DEATH (This does not mean the mode at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) Cerebral Anoxia ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving Cerebral Congestion to the above couse (A) stoting the UNDERLYING CONDITION Inst. 11 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notify medical examiner) MED! 21 D. TIME (Month) (Day) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from March 16. 1 1966 to March 16. that (1) (we) lost sow the deceased alive on March, 16 19 66 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238. DATE SIGNED ucesi Attending Stoff X M.D. Med. March 17, 1966 pproval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Vincent Blake 1514 Division Street 366 NAME OF CEMETERY 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION (City, tawn, ar caunty) REMOVAL-(Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR



VS 150-REV. 1/1/65



| BIRTH NO. | 6-05910 | 3168 | | ATE OF I | | Registered Na | • |
|-------------------------------------|--|------------------------------|--|--------------------|------------------------|--|---|
| M.E. CASE NO. | | | CERTIFIC | AIL OI L | | D HOUR OF DEATH | 66 03168 |
| Type or Print) | Baby of J | avea D | inton | | | and the second | |
| . PLACE OF DE | ATH IN BALTIMORE, MA | RYLAND | AHCOH | 4. USUAL RE | SIDENCE (Where | deceased lived If | institution: residence before admiss |
| e | | | E-910 | A. STATE | B. COUNT | | 7-17 |
| FULL NAME (HOSPITAL OR INSTITUTION | OF (If not in hospital address or location | | give stree! | C. CITY OR T | | ide city limits, write | RURAL and give township) |
| A | Provident | Hespi | tal | Balt: | imore | | |
| 7 | 1415 Divi Baltimore | | | | | yral, give location) | |
| | | , Mary | rland | | Belview | Avenue | |
| Female | Negro | 7. MARRIED WIDOWE Sing | D. NEVER MARRIED DIVORCED (specify) | | 15, 1966 | c. AGE (In years ast birthday) | If Under 1 Yr. If Under 24 h Months Days Hours Min |
| | UPATION (Give kind of wark working life, even if retired) | 10B, KIND C | F BUSINESS OR INDUST | RY 11. BIRTHPLA | CE (State or foreig | n country) | 12. CITIZEN OF WHAT COUNTRY? |
| None | | None | | Maryla | and | | U.S. |
| 3. FATHER'S NA | ME | | | | MAIDEN NAM | \E | 0000 |
| Raymond | Dunton | | | Joyce | Thornto | n 4111 | Belview Avenue |
| | Ever in U. S, Armed Far n)(If yes, give war ar date | | 16. SOCIAL | 17. INFORMAN | | | ADDRESS |
| - STILL ST WILKING W | , vo, give wor at dole | O GETAICE! | None | Same | as above | | |
| 18. | 2.51 | | | OF DEATH | a above | J.C. III | INTERVAL BETWEEN |
| | SE OR CONDITION DI | RECTLY | | | | | ONSET AND DEATH |
| | LEADING TO DEATH | | (A) | nmaturity | 7 | | |
| | nal mean the mode of asthenia, etc. It means | | | | | Gv = = = = = = = = = = = = = = = = = = = | = = = = = = 0= = = = = = = = = = = = = = = = = = = = |
| | mplication which caused | | | yaline Me | mbrane | Disease | |
| | ANTECEDENT CAUSES | | (B) | | | | |
| | OR CONDITIONS, if above couse (A) | | | | | | |
| | G CONDITION Iosi. | sioning in | (C) | ******** | | = 0 000 0 000 000 000 000 000 000 000 0 | |
| O THER SIGN | IFICANT CONDITIONS CO | ONTRIBUTIN | IG | | | | |
| DISEASE OR | CONDITION CAUSING I | Т. | | | | | |
| 19A.DATE O | F OPERATION 198. CON | | WHICH OPERATION | Yes | | 208. IF YES, WERE IN CERTIFYING C. | FINDINGS CONSIDERED AUSES OF DEATH? |
| OR CONTRIB | NT WAS UNDERLYING UTING CAUSE OF medical examiner) | 21 hai | B. PLACE OF INJURY (e.g. me, form, foctory, street,) | office bldg., INJU | WHERE DID RY OCCUR? | (If in Baltima | re City, give exact location) |
| OF INJURY | (Month) (Day) (Year) | (Hour) 21 | E INJURY OCCURRED | 21F. | HOW DID INJU | RY OCCUR? | |
| (APPROX) | | | hile At Not W | | | | |
| 22 Learnify | that (1) (this bosnital | | | | . 10 | 66 - Mar | ch 16, 1966 |
| |) last saw the decease | | | 1966 | | | |
| | | | | | | rin(my) (our) ap | inian death accurred an the o |
| 23A. SIGN AT | d from the causes stat | ed dbovel | (I) (me) (did) (did not) | view the bady | atter death. | | 23B, DATE SIGNED |
| | Vilian. k | 1//10 | MO. A | ttending [| Med. | Stoff 1971 | March 18, 1966 |
| 23C. PHYSICIA | 1 may | NO | P | 23 D. ADDRESS | Director I | hys. | naton 10, 1900 |
| NAME (| Type) | D 1 m1= n | | | 4 | Charact | |
| MA 6116141 633 | Vincent | | M.(| LIP A EELO | ivision | | THAM |
| REMOVAL | Specify) SAND O | 1986 | AME of CEMETERY OF | REMATORY | 24D. LO | CATION | City, town, or county) (State |
| | MIN CO | | | JNIVERS | ITY MI | EDICAL S | CHOOL |
| SA. DATE REC'D | O SECR A | 25B. NAME | OF REGISTRAR | 25C. FUNE | RAL DIRECTOR | DW CERT | ADDRESS |
| RIAK B | n 1200 CP CEF | - C'A | and the same of th | 0 11 4 | AUALI UA | MAI SEK | VICE - BCHD |
| S 150-REV. 1/1/ | 65 | | | | | | |

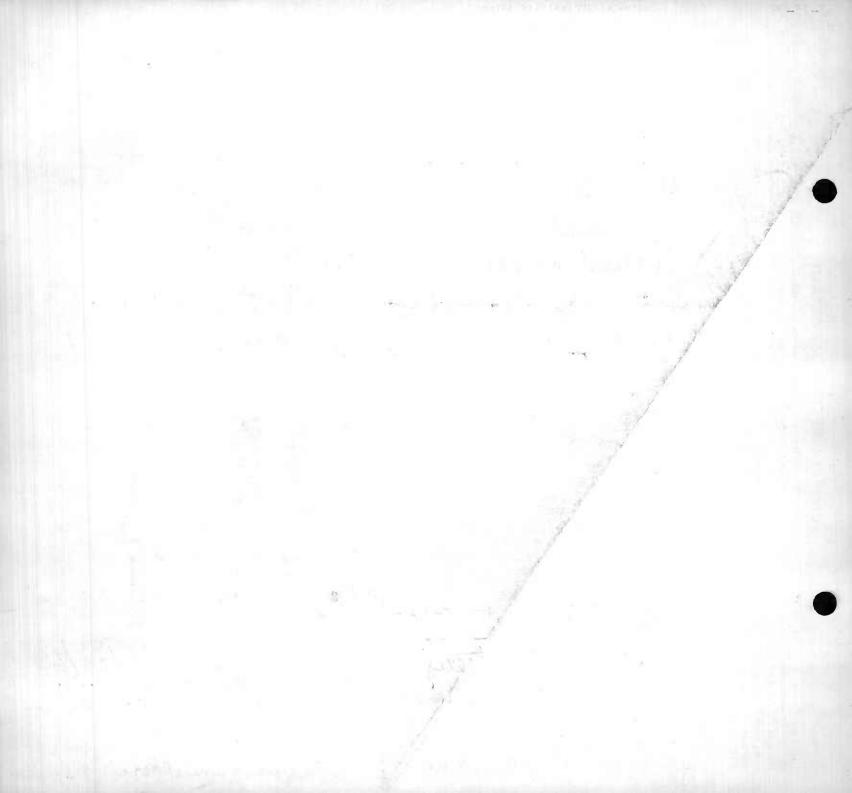




IMPORTANT

DIRECTOR:

FUNERAL



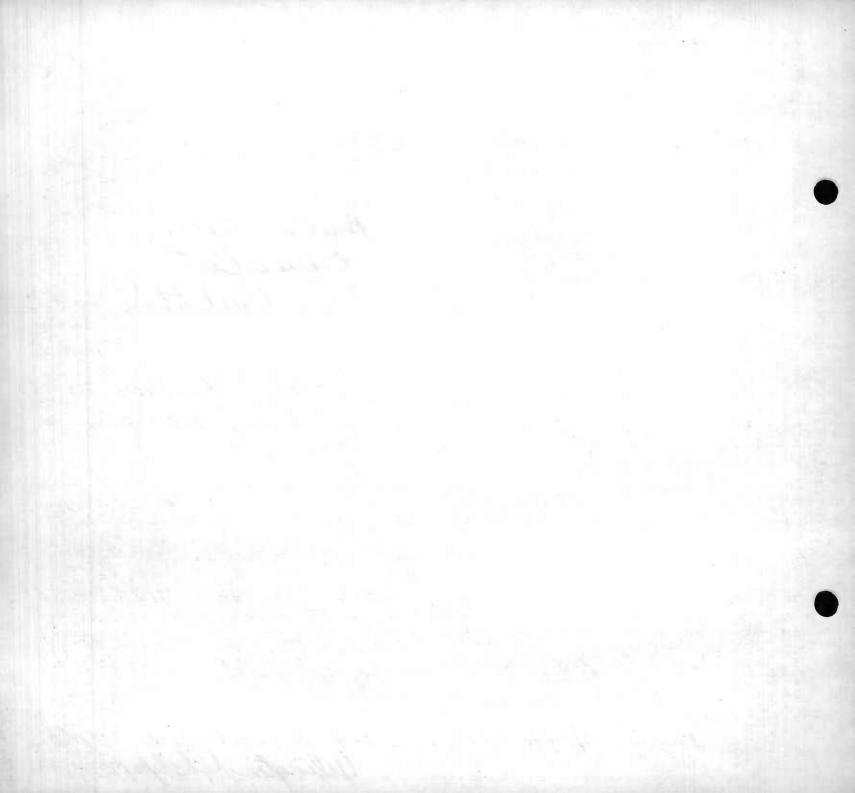
IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

TIMORE CITY HEALTH DEPARTMENT





IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

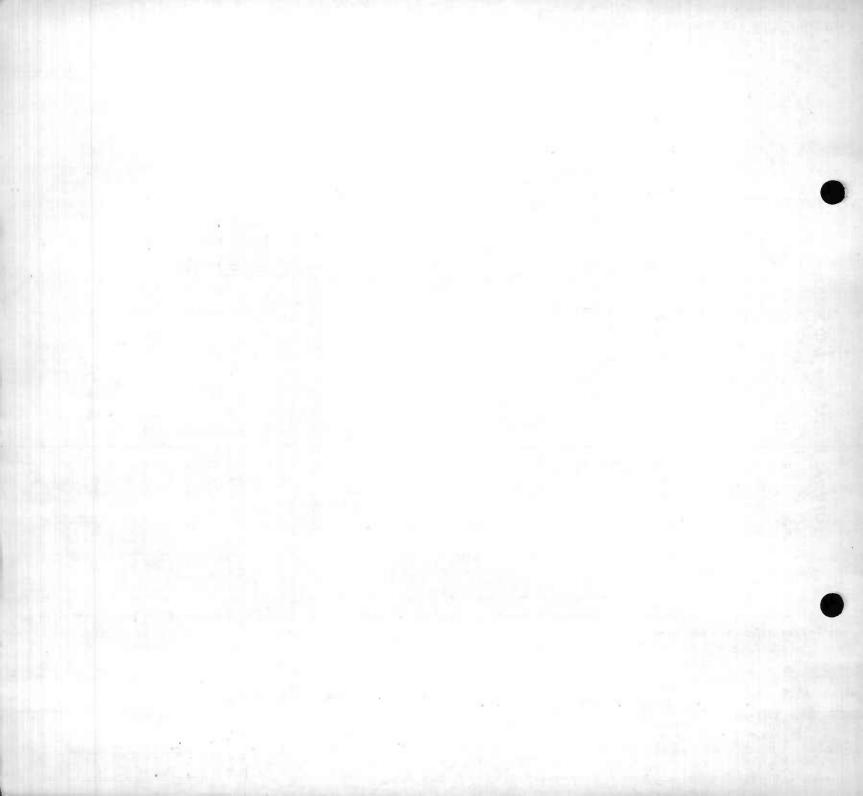
| BIRTH NO. | MEDIC | AL EXAM | MINER'S CI | ERTIFICAT | E OF D | EATH Registe | red No | 031/4 | |
|---|---|--------------------|--|-----------------------------|---------------------|---|--------------------|------------------------------|------------------|
| M.E. CASE NO. 1. NAME OF DECEASI | FD. | | | | 2 DATE AND | HOUR PRONOUNCE | D DEAD | | |
| Type or Print) | EDWARD | WOODROW | BURCH | | March | 24, 1966 | hur | 1:45 | A _M . |
| 3. PLACE IN BALTIMO | | | | 4. USUAL RESIDE | NCE (Where deryland | eceosed lived, If insti B. COU | NTY resi | dence before od | lmission) |
| EU D'AME O CENTAL OR NSTITUTION | CNO INTERPLATE | MEN | DED | C. CITY OR TOW | | corporate limits, write | RURAL | nd give townshi | ip) |
| Johns | Hopkins Hos | pital | =/17/66 | D. STREET ADDR | 4 N. Che | ive locotion) ester Stree | t | | |
| 5. sex 6. RA | W | MARRIED, NEVER | | Aug 23 19 | | 9. AGE (In years lost birthdoy) | If Under Months | 1 Yr. If Under Doys Hours | 24 His. Min. |
| done during most of working Press opera | a life area if estimal) | B. KIND OF BUSIN | | Baltimore | State or foreign | | USA | EN OF T COUNTRY? | |
| 3. FATHER'S NAME | Woodrow D | • Burch | 10_11 | 14. MOTHER'S MA | | ichols | | | |
| Yes, no or unknown) lif you | | of service) 216.50 | CURITY NO. 74 | 17. INFORMAN V 4417 Alan | | Lee Jordan | Buren | (Widow) | |
| 1B. // / | 1 | | CAUSE | OF DEATH | | | | INTERVAL BET | |
| ANTE DISEASES OR (RISE TO THE AB UNDERLYING (| neon the mode of dy enio, etc. It means the prion which coused deo CENDENT CAUSES CONDITIONS, IF ANY OVE CAUSE (A) STAT CONDITION LAST. | , GIVING | (B) DUE TO | | | | | | |
| TO THE DEA | II ANT CONDITIONS CO TH BUT NOT RELAT NOTION CAUSING IT | TED TO THE | | | | | | | |
| 19A. DATE OF OPE | RATION 198, CONDIT | | OPERATION | 20A. AUTOPSY? | 11 | OB, IF YES, WERE FIN N CERTIFYING CAUS | | | s |
| Z 21A, EXTERNAL CA UNDERLYING SOR UTING CAUSE O 21D TIME (Mo | CONTRIB- | home, form, | of INJURY (e.g., foctory, street, of treet | ffice bldg., INJURY | OCCUR? | in Boltimore City, gi | | C | -01 |
| 1APPROX.) 3 | 18 '66 | P m. WHILE | AT NOT W | WHILE Moto | orcyclis | t- truck co | ollisi | ion. | |
| I certify t | hat I held an Inqu | | | | | basis, death in manne | | n | |
| ACTUAL SIGNATURE EXAMINER' | S Charles | , | uly M.D. | | EDICAL EXA | MINER X | ar [_] | DATE SIG 3/24/66 | |
| NAME (Type 23A, BURIAL CREMATI REMOVAL (Specify) BUTIAL | ' | n. 23C. NAA | ME of CEMETERY o | | | cation (city, ooklyn A | A CO | | Stote) |
| 24A. DATE REC'D BY H | | 24B. NAME OF REG | GISTRAR | 1400 S | Charl | es St Ba. | ltimo | re Md | 212 |

hange mus of Edward W. Burch + Vergina Lee Julan 4/4/12 -# 28>41 J. Statust on Bolts. City.

78年6月2日本語·

rs.

VS 150-REV. 1/1/65

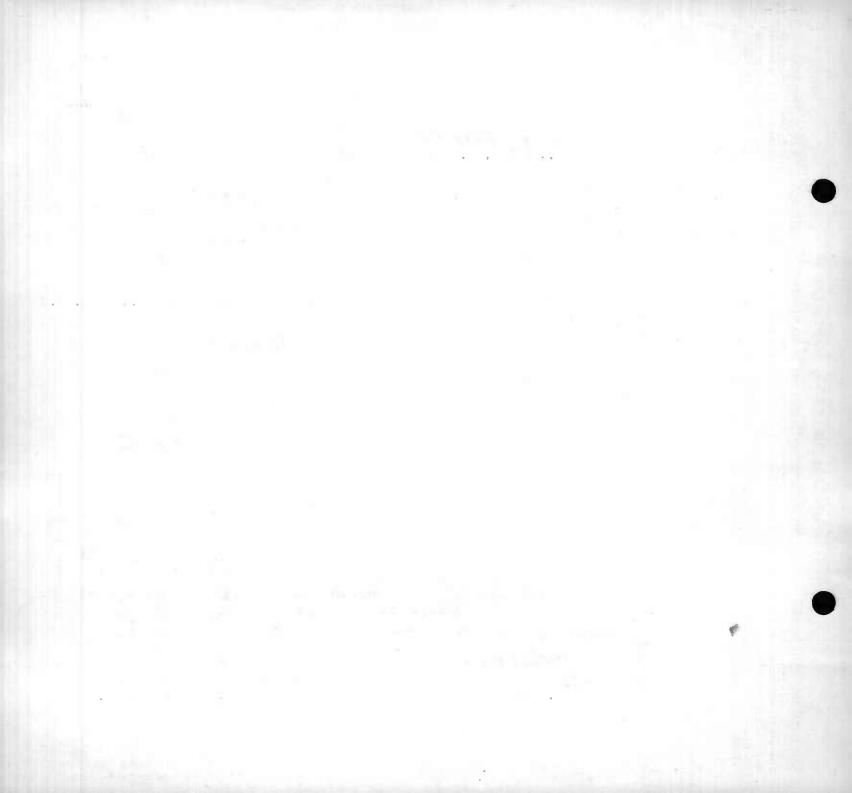


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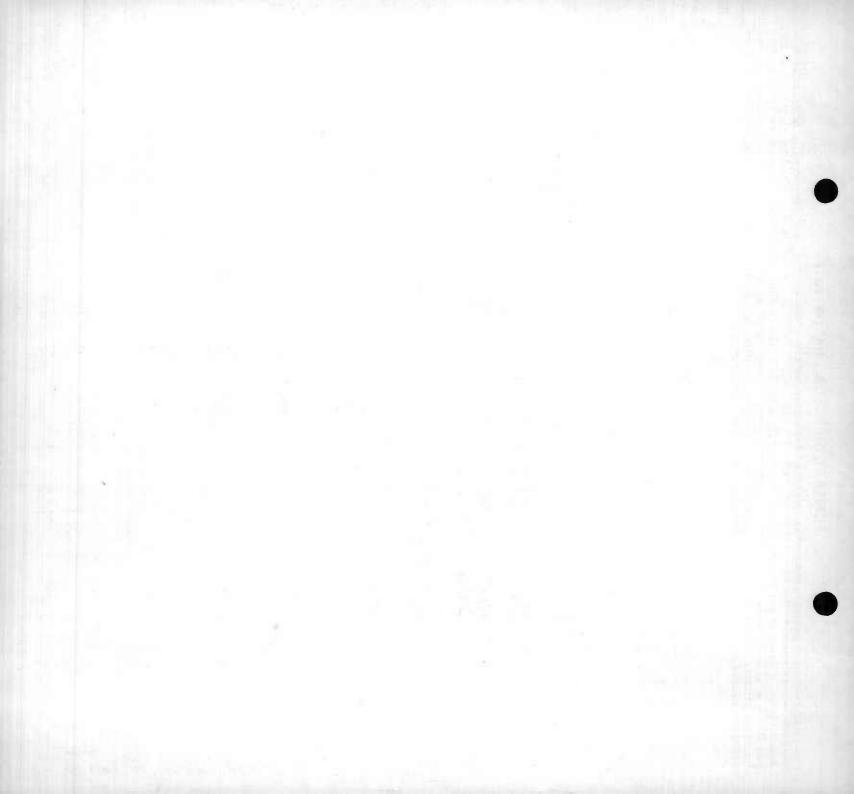
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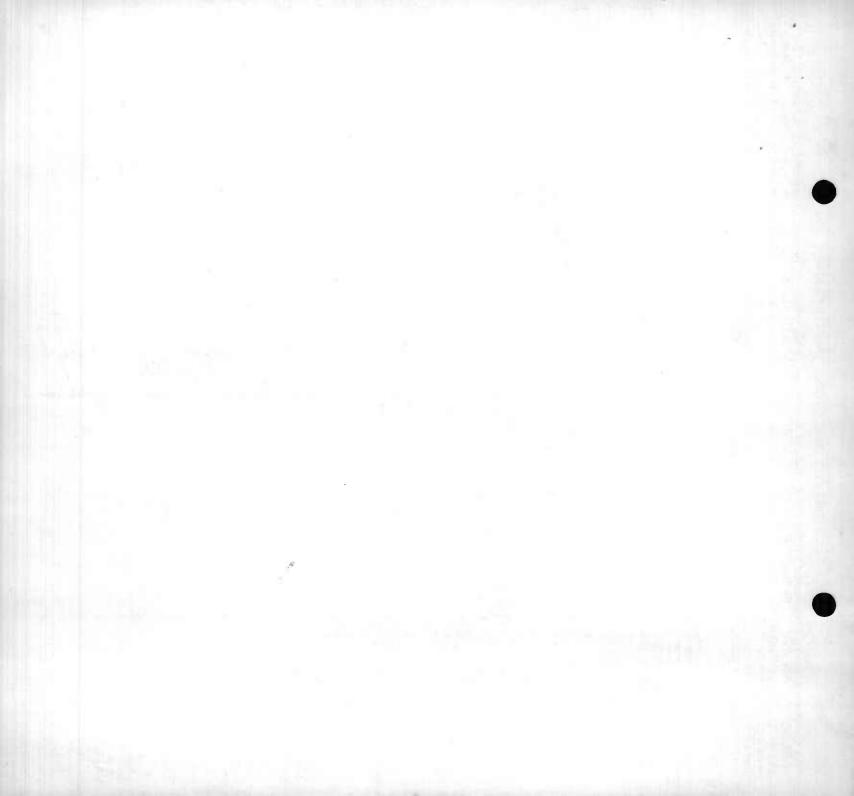
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HODER HOTER GOTH



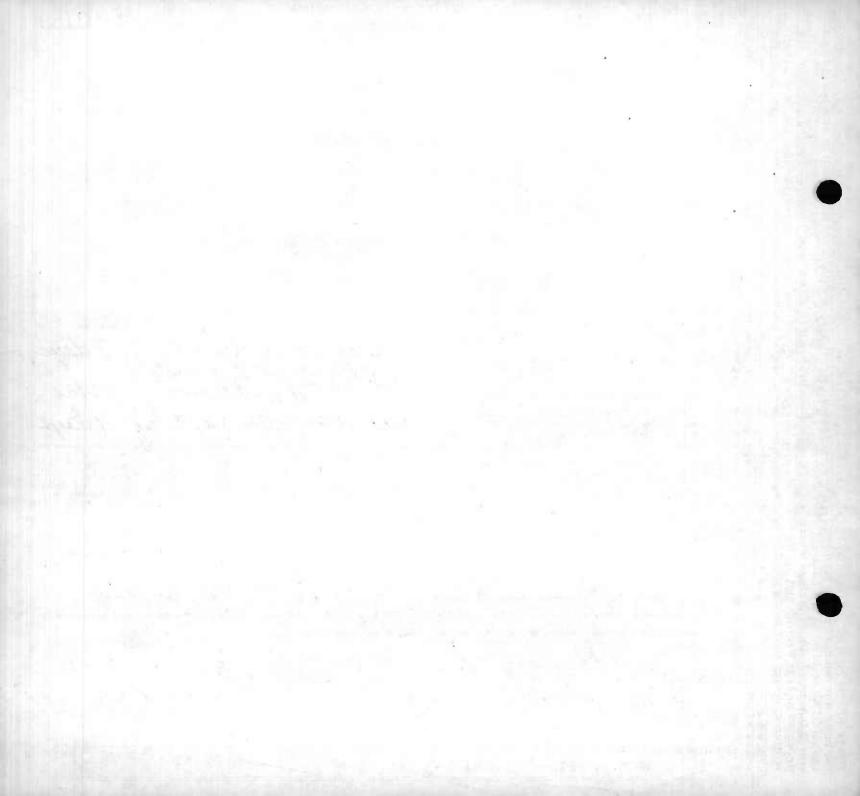
VS 150-REV. 1/1/65



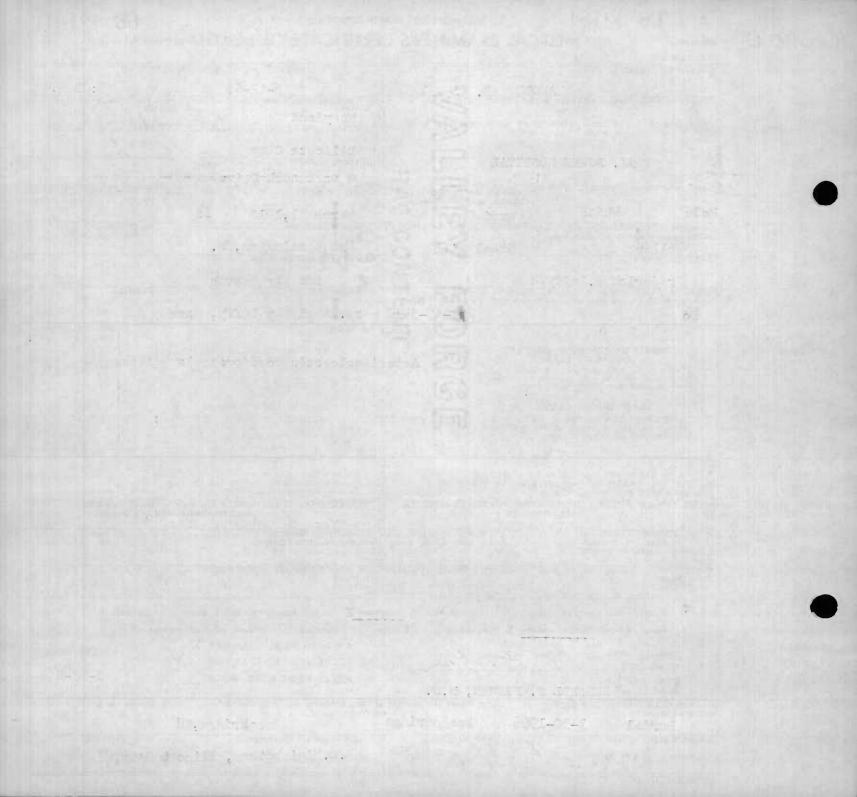


FUNERAL DIRECTOR: IMPORTANT

| 00 00100 | BALTIMORE CIT | Y HEALTH DEPARTMENT | | CC COLC. |
|--|--|--|--|--|
| BIRTH NO. 66 (1318) M.E. CASE NO. | CERTIFICA | TE OF DEATH | Registered No. | 66 03180 |
| 1. NAME OF DECEASED | | 2. DATE A | ND HOUR OF DEATH | - |
| (Type or Print) clavence R. | mahrer | march | 26-1966 | 1 6 |
| B. PLACE OF DEATH IN BALTIMORE, MARYLAND | | 4. USUAL RESIDENCE (Whe | ere deceased lived. If ins | titution: residence before admis |
| FULL NAME OF (If not in hospital or instit oddress or location) | ution, give street | Baltimore C. CITY OR TOWN (If ou | 2 | URAL ond give township) |
| Bon Secours Ho | spital | | rural, give location) | Ht . |
| | | 14647 Manos | rdena Rd. | Ap+ 2- 29-1 |
| SEX 6. RACE 7. MA | RRIED, NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 Months Doys Hours M |
| 0.1. 1.1. | OWED, DIVORCED (specify) | 8/12/88 | lost birthdoy | Months Doys Hours M |
| male white N | larnied | | // | |
| 6A. USUAL OCCUPATION (Give kind of work 10B. KII one during most of working life, even if retired) | ND OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or fore | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | to, city Court House | Baltimore, | Md. | WITAT COOKIEKT |
| 3. FATHER'S NAME | -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 - | 14. MOTHER'S MAIDEN NA | | |
| | | | | |
| John Mahrer | | mary Per | a cock | |
| 5. Was Deceased Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | - | ADDRESS |
| (es, no or unknown) (If yes, give wor or dotes of set | 214-40-4780 | Thrs. Clarence | e. R. Mahr | er (Sam |
| 1B. 2 2 / V 1 | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| 03/1 | | | | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | 1 | 0. 11. 0 | Acil A | ~ / |
| LEADING TO DEATH | (A) (P) | ebro-Vascular | r ucclaserd. | dain |
| (This does not mean the mode of dying, | e.g., DUETO, | 6141 - 1 | 4.4 | |
| heart failure, asthenia, etc. It means the dis | | AUT. KONULFUS | ere provació | 4 |
| | MI | Miorinage. | a. tauralan | Upan |
| ANTECEDENT CAUSES | DUE TO | 1441 | ucqueon | TOWO, |
| DISEASES OR CONDITIONS, if ony, | A | : 1 | | 1 1. 1 |
| rise to the obove couse (A) stoting | | uration nuo | MANAGE HT 1 | wa 4drien |
| UNDERLYING CONDITION lost. | | The state of the s | The state of the s | The state of the s |
| 4.5 | · · · · · · · · · · · · · · · · · · · | | | 0 |
| Z OTHER CICALIFICANT CONTROL CONTROL | LITING | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIB | | | | |
| DISEASE OR CONDITION CAUSING IT. | | | | |
| 19 A. DATE OF OPERATION 198. CONDITION | | 20A. AUTOPSY? (Yes or No | | NDINGS CONSIDERED |
| WAS PERFORMED | | You | IN CERTIFYING CAU | SES OF DEATH? |
| 21A. ACCIDENT WAS UNDERLYING | 21 B. PLACE OF INJURY (e.g., | in or obout 21 C. WHERE DID | (If in Rollinson | City, give exact location |
| OR CONTRIBUTING CAUSE OF | home, form, factory, street, o | office bldg., INJURY OCCUR? | vii iii poriimore | ony, give exoct locohoni |
| DEATH (notify medico) exominer) | etc.) | | | |
| 21 D. TIME (Month) (Doy) (Year) (Hourt | 21 E. INJURY OCCURRED | 21F, HOW DID IN | III. O. C. C. L. C. | |
| 21D. TIME (Month) (Doy) (Year) (Hour | | | OKT OCCOR: | |
| (APPROX) | While At Not Whi | | | |
| | | | | |
| 22. I certify that (this hospital) atten | | | 19to | -16-66 19 |
| that (N (we) last saw the deceased alive | 3-26-6 | | | ian deoth occurred an the |
| | | | in (mg/ (our) opin | ion death occurred on the |
| and haur and from the causes stated abo | ve. () (We) (did) (did not) | view the body after death. | | |
| 23A. SIGNATURE | | | | 23B. DATE SIGNED |
| 1 001 | - 1 MA AN | ending Med. | Stoff To | 2 11 11 |
| Samuel (him -+ | I Chow M.D. AH | rs. Director | Phys. | 5-16-66 |
| 23C. PHYSICIAN'S | | 23D. ADDRESS | | |
| NAME (Type) | 1 011110 | 11 - | 11 . 14 1 | K 111 - 11 |
| SAMUEL CHING-Y | UNG CHUOM.D. | Bon Secont | 5 HOSDITAL. | Daltimore.M |
| 4A. BURIAL CREMATION, 24B. DATE / 2 | 4C. NAME of CEMETERY OF CR | 1 | QCATION (City | , town, or county) (Sto |
| REMOVAL (Specify) | 9 | 17) | City | (310 |
| Durial 3/30/66 | Larraine | (F) | Zelto, 7 | mel. |
| 5A. DATE REC'D BY HEALTH DEPT. 25B. N. | AME OF REGISTRAR | 25C. EUNERAL DIRECTO | | ADDRESS O |
| 235. 10 | 20 7 | 1 THE DIRECTO | 1 | / ADDRESS OF |
| MAR 3 0 1988 (1) 0 | S. FT E. STON SCOPPIN | Wither | 1. 41016n | mondoon |
| | | and the same of th | T | V 1 · · · · |



| - | 0.0 | (112) | | | BALTIMORE CITY HEAD | | | | | 13101 | |
|---|--|---|-------------|--------------|--|--|-------------|------------------------------------|------------------|-------------------|--|
| BIR | TH NO. | | MED | ICAL EX | CAMINER'S C | ERTIFICAT | E OF D | EATH Registe | red Na | | |
| M. | E. CASE NO. | | | OF PIE | | | X | | | | |
| 1. (Ťy | NAME OF DEC | CEASED | | | | | 2. DATE AND | HOUR PRONOUNCE | ED DEAD | | |
| | | | | OLD E | LUFFY | | 3-27- | | | :05 A. M | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | | | | | | A. STATE | ENCE (Where | deceosed lived. If insti B. COU | | before odmissio | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) | | | | | | Marylan | | corporate limits, write | 3/ 18/1 | PI CK | |
| IN: | STITUTION | ADDR | ESS OR LOCA | ATION) | | C. CITT OR TOW | III ooiside | corporote tilniis, write | REAL ONG 91 | ve to witship/ | |
| ST. AGNES HOSPITAL | | | | | | Ellicott City D. STREET ADDRESS (If ruro), give locotion) | | | | | |
| 11 | 1 | DI. A | GNES HU | PLTIAL | | 1 | nouth Di | • | | | |
| 5. | CFY | 6. RACE | | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | | | If Under 1 Y | r. If Under 24 Hr | |
| | | | | | DIVORCED (specify) | | | 9. AGE (In years lost birthdoy) | Months Doys | Hours Min. | |
| | ale | Whi | | Marri | | March | 21,1910 | 55 | 10 61717511 0 | | |
| | e during most of v | | | IUS. KIND OF | BUSINESS OR INDUSTR | | | | 12. CITIZEN O | | |
| 10 | Rolle: | | | Stee | 1 Mill | New Ker | nsington | | | | |
| 13. | FATHER'S NAM | 16 | | | | 14. MOTHER'S MA | AIDEN NAME | | | | |
| 3.5 | Frede: | rick E | Luffy | | 11.1.100.01.11 | | a May We | eaver | 4.55.000 | | |
| | s, no or unknown | | | | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS | | |
| | No | | | | 2 3-07-5918 | Mrs. Ethe: | l May L | uffy, Same | | | |
| | 1B | 2.1 | 1 | | CAUSE | OF DEATH | | | | ERVAL BETWEEN | |
| | DISEAS | | NDITION DI | | | | | | | TET AND DEATH | |
| | LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease | | | | | | | | | | |
| | (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) | | | | | | | | | | |
| | ,., | | | | | | | | THE PARTY | | |
| | | | ENT CAUSE | | (B) | | | | | | |
| | RISE TO TH | E ABOVE | THONS, IF A | TATING THE | DUE TO | | | | | | |
| z | | IG COND | ITION LAST. | | (C) | | | | | | |
| 2 | | | 11 | | | 9 11 - 11 | | | | | |
| Y | OTHER SIGN | NIFICANT | CONDITIONS | CONTRIBUTION | NG | | | | | | |
| H | DISEASE OF | | ON CAUSING | LATED TO T | ne | ••••• | | | | ************ | |
| CERTIFICATION | 19A. DATE OF | OPERATIO | N 198. CON | | WHICH OPERATION | 20 A. AUTOPSY | | 20 B. IF YES, WERE FIR | | | |
| ١. | 1 | | | | | Yes | | Yes | | | |
| EDICAL | UNDERLYING | OR CONT | RIB- | 218. home | PLACE OF INJURY (e.g., form, foctory, street, | in or obout 21 C. Woffice bldg., INJURY | OCCUR? | If in Boltimore City, gi | ve exoct locotio | n) | |
| EDI | UTING CAU | SE OF DEA | ATH. | etc.) | | | | | | | |
| Σ | 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | | | | | | | | | | |
| | (APPROX.) | | | | VHILE AT NOT | WHILE | | | | | |
| | 22. | 26 41 4 1 | | | | | | 1 1 1 1 1 | | | |
| | | I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my opinion | | | | | | | | | |
| | resul | ted fram: | Natural car | uses X A | ccident Sulcid | | | ndetermined manne | er 🔛 | | |
| | ACTUAL | | 2/ | 1 | | CHIEF MEDICAL EXAMINER A DATE SIGNED CASSISTANT MEDICAL EXAMINER | | | | | |
| | SIGNAT | | 18 | 100 | M.D | | | | | | |
| | EXAMIN | | TOORTT (| | n M n | ASSOCIATE M | EDICAL EX | AMINER | 3 | -28-66 | |
| 234 | NAME (| | 23B, DATE | S. FISHE | C. NAME of CEMETERY | CREMATORY | 23 D. 10 | CATION (City, | town, or county | y) (Stote) | |
| | MOVAL (Specify | () | | | Meadowridge | . Santario Ri | | | , 57 005111) | | |
| | Buri | | 3-30-1 | | | 1010 | 600 | kridge, Md | | FCC | |
| 24. | A. DATE REC'D | BY HEALT | H DEPT. | 248. NAME | OF REGISTRAR | | AL DIRECTOR | | ADDR | | |
| | 3.5 | AR 31 | 1305 | (18 Jan 15) | C. Arrange and | r.U.Hl | ginboth | om, Ellicott | City, Md | | |



66 03182

Baltimore city health department

BIRTH NO.

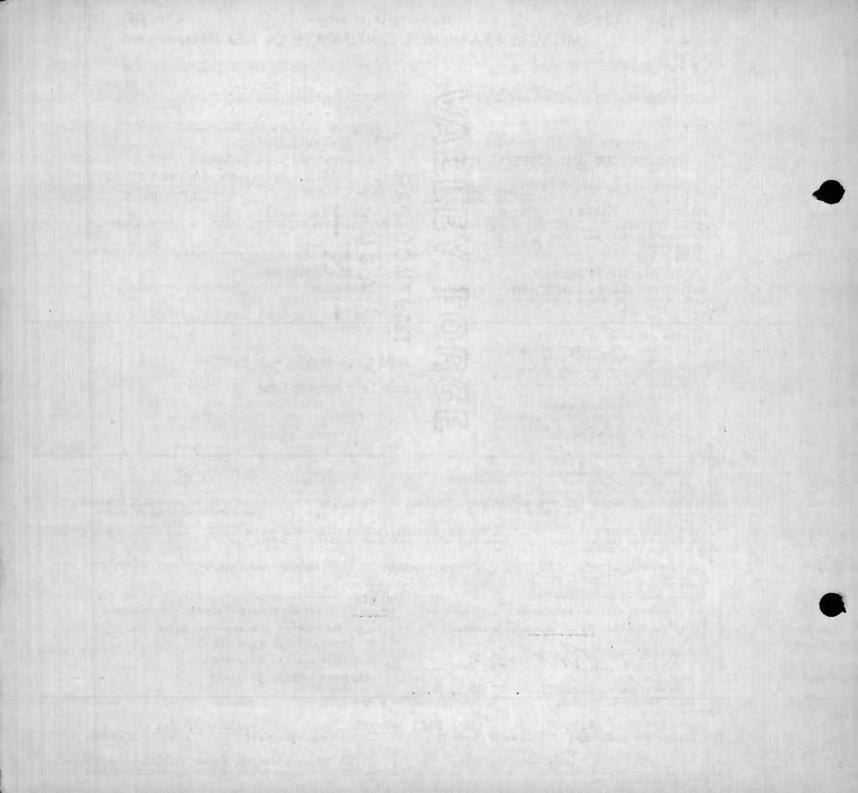
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

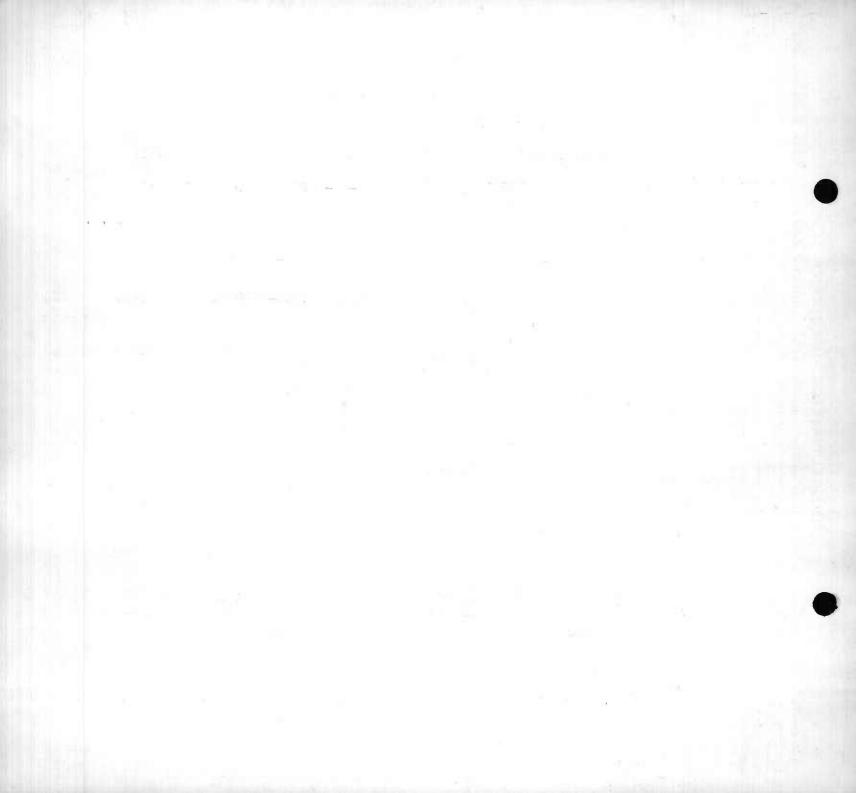
GEORGISTORY HEALTH DEPARTMENT

GEO

| DIKITI NO. | MILD | ICAL LA | CAMILLE O CI | -KIIIICAIL | | | F-2570 F-11 | |
|---|--|---|---|--|-------------|---------------------------------|-----------------|----------------------|
| M.E. CASE NO. | | | | | | | | |
| 1. NAME OF DECE | ASED | | | 2. | | HOUR PRONOUNC | | |
| | RIC | HARD C. | | 3-28-66 10:30 A. _{M.} | | | | |
| | MORE, MARYLAND, V | | | A. STATE B. COUNTY MARY Land | | | | |
| FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOC | AL OR INSTITU | JTION, GIVE STREET | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | | |
| CHURCE | H HOME AND H | OSPTTAT. | - DOA | Baltimon | | give location! | 0-0 | |
| Ononoi | I HOLL MAD | ODI TIME | DOM | | | more Street | t 21231 | |
| 5. SEX 6 | RACE | | NEVER MARRIED | B. DATE OF BIRTH | | 9. AGE (In years lost birthday) | | Yr. If Under 24 Hrs. |
| Male White Warried Married | | | Nov. 13, | 1921 | 44 43 | | | |
| | | | BUSINESS OR INDUSTRY | | | country) | 12. CITIZEN | OF COUNTRY? |
| Weaver | orking life, even if retired) | Textile | e | Virginia | | | U.S. | |
| 3. FATHER'S NAME | | | | Virginia 14. MOTHER'S MAID | | S ETHEN | | |
| Hughie | W. Brooks | | | Ella Spin | mett | | | |
| | EVER IN U.S. ARME | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS | |
| Yes | WW 2 | | | Whitten Fur | neral | Home, Lynch | hburg, V | la. |
| 1B. , / G/ | nV. | | CAUSE | OF DEATH | | | | TERVAL BETWEEN |
| DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DISEASE OR | R CONDITIONS, IF ABOVE CAUSE (AI S CONDITION LAST. II IFICANT CONDITION CAUSIN CAU | ANY, GIVING THE TAING THE CONTRIBUTION OF THE SECONTRIBUTION OF T | (B) DUE TO (C) | left upper | es or Nol [| 208. IF YES, WERE F | | |
| - PK | | | | Partia | | N CERTIFYING CAU | | |
| 21 A, EXTERNAL UNDERLYING UTING CAUS | OR CONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., , form, foctory, street, o | in or obout 21C. WHE ffice bldg., INJURY O | CCUR? | f in Boltimore City, g | ive exoct loco | tion) |
| 21 D TIME OF INJURY (APPROX.) | F INJURY | | | | | | | |
| 22. I certi | Partial I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion | | | | | | | |
| resulte | resulted from: Notural couses XX Accident Suicide Homicide Undetermined manner | | | | | | | |
| ACTUAL | CHIEF MEDICAL EXAMINER X DATE SIGNED | | | | | | | |
| | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER | | | | | | | |
| EXAMINE NAME (T | | L S. FTS | SHER, M.D. | ASSOCIATE MED | ICAL EX | AMINER | 3 | 3-28-66 |
| 23A. BURIAL CREM | | | C. NAME OF CEMETERY O | CREMATORY | 23 D. LC | CATION (City | y, town, or cou | intyl (State) |
| REMOVAL (Specify) | 4 7 00 | | Fort Will M | omio] | T | nahhama II- | | |
| Burial 24A. DATE REC'D I | 4.1.66 | | Fort Hill Men | 24C. FUNERAL | | nchburg, Va | | DRESS |
| | | | F 2 Ballima | | | | | |
| | MAR 30 1961 | 1 Light State | 1 C' Arrendina | Ullrich | Funer | al Home 42 | 10 Belai | r Road. |

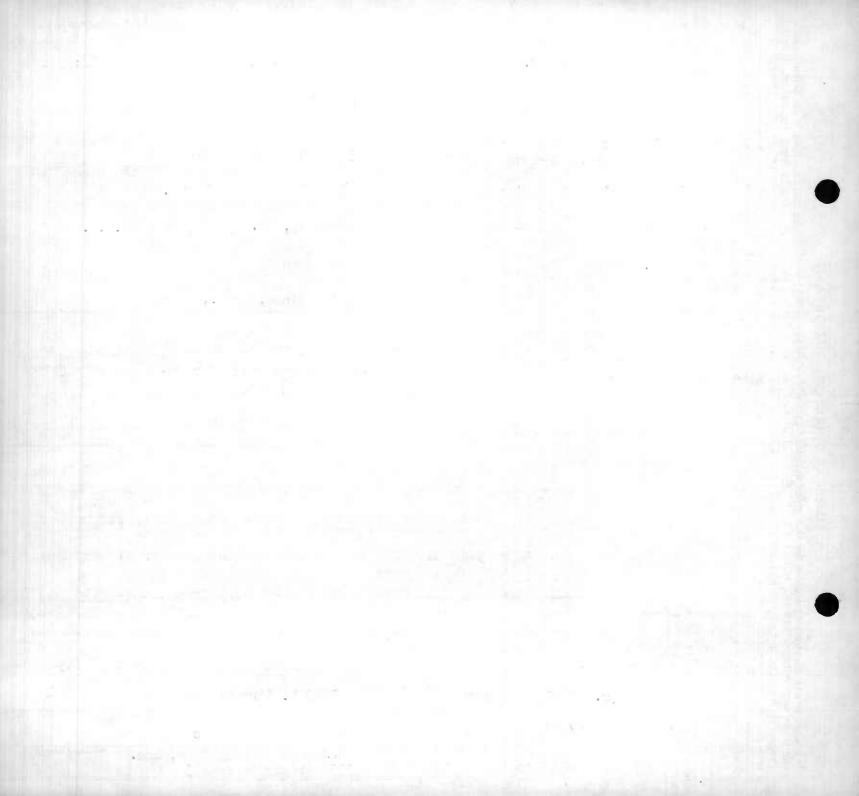


VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

| 7 | AME OF DEC | EASED | | | | 2. DATE AN | NO HOUR OF DEATH | |
|--|--|--|--|--|--|---|--|--|
| Тур | oe or Print) | LOUISA | T. F | ULS | | MARC | JH 25, 1966 | 10:50 a |
| 3. P | PLACE OF DEA | TH IN BALTIMORE, MA | RYLAND | | 4. USUAL RES | SIDENCE (Whe | ne deceased lived. If in | nstitution: lesidence before odmi |
| FULL NAME OF (If not in hospital or institution, give street | | | | | Maryland 7-0/ | | | |
| H | HOSPITAL OR | oddress or location | n) | give sneet | C. CITY OR TOWN (If outside city limits, write RURAL and give township) | | | |
| 0 | | | | | Baltin | more | | |
| | 31 | 00 Mc Elderry | Street | | D. STREET ADDRESS (If turol, give locotion) 3100 Mc Elderry Street #5 B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months! Doys Hours Months! Doys Hours Months! | | | |
| | Ba | ltimore, Mary | rland | 21 205 | | | | |
| 5. S | EX | 6. RACE | | NEVER MARRIED | | | | |
| fe | emale | white | widowe | | 5/14/1 | 878 | 9. AGE (In years lost birthday) | |
| | | JPATION (Give kind of work | 108. KIND OF | BUSINESS OR INDUST | RY 11. BIRTHPLAC | CE (State or fore | ign country) | 12. CITIZEN OF |
| | ousewife | working life, even if retired) | at hom | ie | Woodst | ock. Md. | | WHAT COUNTRY? |
| | FATHER'S NAM | AE | | | Woodstock, Md. U.S.A. | | | 0.0.4 |
| | | | | | | | | |
| | seph W. | | | | Mary | | | |
| Yes | Was Deceased s, no or unknown | Ever in U. S. Armed For | rces? es af service) | SECURITY NO. | 17. INFORMAN | NT. | | ADDRESS |
| | | | | none | Louise Hinke, dght., above | | | re |
| | 1B. 1/) | 0.11 | | CAUSE | OF DEATH | | | INTERVAL BETWEEN |
| | 1 | E OR CONDITION DIE | RECTLY | | | | | ONSET AND DEAT |
| | | LEADING TO DEATH | | 0. | 7 10 % | - 40 | 0) | 100000 |
| - | (This does n | al mean the made of | dying, e.g., | DUE NO | Correct | Jan. | | occayo |
| | (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, | | | | | | | |
| | | | | 1-4 | - Miles | the many | | 0 24 |
| | injury ar cam | plication which caused | death.) | 0.42 | | 470 | Vid | 24 |
| | injury ar cam | | death.) | (B) Outz | inosele | leff c | Vdisa | 2 |
| | DISEASES C | ANTECEDENT CAUSES OR CONDITIONS, if | death.) any, giving | (B) Auto | incorle | lefe. | Vdisea | 2 |
| | DISEASES C | ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) | death.) any, giving | (C) | timeste | lefe- | Vdison | 2 |
| | DISEASES C | ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. | death.) any, giving | (B) Out TO | innel | lefc. | V disas | |
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| RTIFICATION | DISEASES OF THE STATE OF THE DISEASE OR | ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I | any, giving stating the CONTRIBUTING TO THE TO THE TREET TO THE TREET TO THE TREET THE | G E | 20A. AUTOI | PSY? (Yes at No | D) 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
| ERTIFIC | DISEASES OF TISE TO THE DISEASE OR TO THE DISEASE OR TIPA DATE OF THE DISEASE OR TIPA DATE OF THE DISEASE OR TIPA DATE OF | ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last, II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERI | any, giving stating the CONTRIBUTING TO THIS. IDITION FOR MED | G E WHICH OPERATION | , in or obout 21C. | WHERE DID | IN CERTIFYING CA | USES OF DEATH? |
| L CERTIFIC | DISEASES CONTISE TO THE DISEASE OR TO THE DISEASE OR TIPA-DATE OF CONTRIBU | ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 1988. CON WAS PERI | any, giving stating the CONTRIBUTION TO THE TOTOLOGY FORMED | G E WHICH OPERATION PLACE OF INJURY (e.g. | , in or obout 21C. | WHERE DID | IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? e City, give exect locotion) |
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| MEDICAL CERTIFIC | DISEASES OF TISE TO THE DISEASE OR UNDERLYING OTHER SIGNITO THE DISEASE OR 19A-DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU | ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 1798. CON WAS PERINT WAS UNDERLYING MAS PERINT (Month) (Doy) (Year) that (I) (this hospital last saw the decease of fram the causes state of the causes of the cause of | any, giving slaling lhe CONTRIBUTING TED TO TH IT. IDITION FOR 1 CHOU! 21E, Wh Wo I) attended to ed alive an | PLACE OF INJURY (e.g. lorm, foctory, street, INJURY OCCURRED the At Wo he deceased fram | hile 21F. h | WHERE DID RY OCCUR? HOW DID INJ and the | (If in Boltimon URY OCCUR? 19 Le la ta M. (aut) api | e City, give exact location) e City, give exact location) |
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| MEDICAL CERTIFIC | DISEASES OF TISE TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify LAPPROX.) 21 D. TIME OF TIME OF TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU | ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 178. CON WAS PERIOD (Month) (Doy) (Year) That (I) (this hospital last saw the decease of fram the causes state of the causes of the caus | any, giving stating the CONTRIBUTING TED TO THE INTERPOLATION FOR WED 218 horrer ted. 218 horrer | PLACE OF INJURY (e.g., e, lorm, foctory, street, INJURY OCCURRED ille At At Wo he deceased fram (We) (did) (did not) | hile 21F. hile 19 b view the bady 23D. ADDRESS 2. 152 | where DID RY OCCUR? HOW DID INJ and the after death. Med. Director 20 E. 33: | IN CERTIFYING CA (If in Boltimore IURY OCCUR? 19 Le lo ta M. Contain in (my) (ever) api Stoff Phys. rd Street | e City, give exact location) e City, give exact location) 1 5 19 1 |
| MEDICAL CERTIFIC | DISEASES OF TISE TO THE DUNDERLYING OTHER SIGNITO THE DUNDESEASE OR 19A-DATE OF CONTRIBUTE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU | ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION last. FICANT CONDITION SCATT HOLD NOT RELACT CONDITION CAUSING I OPERATION 198. CON WAS PERIOD (Month) (Doy) (Year) That (I) (this hospital last saw the decease of from the causes state of the causes of th | any, giving stating the CONTRIBUTING TED TO THE INTERPOLATION FOR WED 218 horrer ted. 218 horrer | PLACE OF INJURY (e.g., lorm, foctory, street, lorm, foctory, street, lord, lor | in ol obout 21C. office bldg., INJU 21F. hile 24 19 6 View the bady Attending Phys. 23D. ADDRESS D. REMATORY | where DID RY OCCUR? HOW DID INJ and the after death. Med. Director 20 E 33: | IN CERTIFYING CA (If in Boltimore IURY OCCUR? 19 Le lo ta M. Contain in (my) (ever) api Stoff Phys. rd Street | e City, give exact location) 2 5 19 1 inion death accurred an the 238. DATE SIGNED 3 2 5 . 6 6 . |

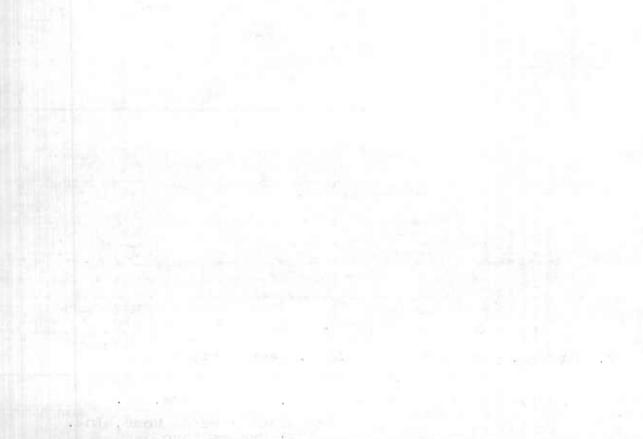


IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

| | | | BALTIMORE CIT | Y HEALTH DEPARTMENT | | | | | |
|---|--|--------------|-----------------------------|---|-------------------------|--|--|--|--|
| BIRTH NO. M.E. CASE NO. | 66 03187 | | CERTIFICA | TE OF DEATH | Registered No | | | | |
| NAME OF DE | CEASED / | . 3 | | 2. DATE | AND HOUR OF DEAT | H C AS | | | |
| Type of Films | Theodore. | De | 715 | M | arch 28.1 | 966 87 | | | |
| PLACE OF D | EATH IN BALTIMORE, MA | RYLAND | | 4. USUAL RESIDENCE (WA. STATE B. COL | here deceased lived. If | institution: residence befate admiss | | | |
| | | | | Md. 2 | | 26001 | | | |
| FULL NAME | | | n, givo stroet | | | 20-01 | | | |
| INSTITUTION | | | | | | e RURAL and give township) | | | |
| 1 | *** * M | | T 1 | Baltimore | | | | | |
| 4 | Union Memor | lai F | ospitai | D. STREET ADDRESS (If rurol, give lacation) | | | | | |
| 1 | | | | 4246 | Seidel Av | e., | | | |
| . SEX | 6. RACE | | D, NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 Months: Days Hours Min | | | |
| 11.3 | | | ED, DIVORCED (specify) | 2/14/16 | last birthdoy) | Months Days Hours Mis | | | |
| male | white | | arried | 3/14/16 | 50 | | | | |
| | CUPATION (Give kind at wark if warking life, even if retired) | 108 KIND | OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or fo | oreign country) | 12. CITIZEN OF WHAT COUNTRY? | | | |
| Estima | | C & | J Carpet Se | r. Baltimor | e. Md. | | | | |
| FATHER'S NA | | U U | o darper oc. | 14. MOTHERS MAIDEN N | | | | | |
| PERIDEKS NA | | 7 Da- | ai o | | | for | | | |
| | Theodore V | . Der | 11.8 | Cather | rine Wagen | 161 | | | |
| . Wos Decense | d Ever in U. S. Armed For | ces? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS | | | |
| es, no ar unknav | vn) (If yes, give war ar date | s of service | SECURITY NO. | | | | | | |
| yes | WW 2-Army | 1 2 | 217-03-8670 | Vita Matra | nga Denis, | wife, above | | | |
| 18. /_/ | A LAK ST | 5 11 | CAUSE | OF DEATH | | INTERVAL BETWEEN | | | |
| 70 | 0,1 4 0666 | X | | | | ONSET AND DEATH | | | |
| DISE | ASE OR CONDITION DIR | RECTLY | 1. | 41 | , 11 | 7 | | | |
| | LEADING TO DEATH | | in let | ute Hypearl | ed Alex | 1 /212 | | | |
| | nol meon the mode of | | 3., | | | | | | |
| | heart failure, asthenia, etc. It means the disease, | | | | | | | | |
| injury or complication which coused death.) | | | | | | | | | |
| 100 | ANTECEDENT CAUSES (B) | | | | | | | | |
| DISEASES | DISEASES OR CONDITIONS, if ony, giving | | | | | | | | |
| rise to the obove couse (A) sloting the (C) | | | | | | | | | |
| | IG CONDITION last. | | | | | 0 + 6 00 passes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |
| | - 11 | | | | | | | | |
| Z OTHER SICI | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | | | | |
| | TO THE DEATH BUT NOT RELATED TO THE Wally MCULLY | | | | | | | | |
| DISEASE O | R CONDITION CAUSING I | IT. | | | | | | | |
| 19A. DATE O | OF OPERATION 198. CON | | R WHICH OPERATION | 20A. AUTOPSY? (Yos or | No. 208 IF YES, WER | E FINDINGS CONSIDERED CAUSES OF DEATH? | | | |
| | WAS FER | OKIVIED | | | III CERIII IIII C | AUSES OF BEATH. | | | |
| J 21A. ACCID | ENT WAS UNDERLYING |] [2 | 18. PLACE OF INJURY (o. a | in ar obout 21C. WHERE DID | (If in Boltim | oro City, give exact location) | | | |
| OR CONTRI | BUTING CAUSE OF | h | amo, farm, factory, street, | office bldg., INJURY OCCUR? | | | | | |
| DEATH (noti | fy medical examiner) | е | tc.) | | | | | | |
| 21 D. TIME | (Month) (Day) (Year) | (Hour) 2 | 1E. INJURY OCCURRED | 21F. HOW DID I | NJURY OCCUR? | | | | |
| OF INJURY | | | While At Not Wh | | | | | | |
| (APPROX.) | | | Wark At Work | | | | | | |
| 20 1 1 | | N I | | In Nov | 10/2 9 | & Min int | | | |
| ZZ. I certif | y that (1) (this haspital |) attended | The deceased fram | | 1965 to Z | 19.4 | | | |
| that (1) (we |) last saw the decease | d alive or | 1 | 19 and | that in (my) (aur) o | pinion death accurred on the | | | |
| | | | | | | | | | |
| | () | red abave. | (1) (me) (did) (did nat) | view the bady after deat | n. | | | | |
| 23A. SIGNA | THE // | 1 | / | | | 23B DATE SIGNED | | | |
| // | 111/11/000 | all | | tending Med. | Stoff | 3/28/11 | | | |
| CL | wither | - | Ph | ys. Director | Phys. | 1-166 | | | |
| 23C. PHYSIC NAME | (Type) | | | 23D. ADDRESS | 1- | | | | |
| | . A. Poma | N | M.D | 1010 50 | + Day | | | | |
| 17 | 14.1(CUIC) | 1 | | 10/0 3/ | . /44/ | | | | |
| 4A. BURIAL CI REMOVAL | (Specify) 24B. DATE | 24C. | NAME of CEMETERY OF CI | REMATORY 24D. | LOCATION | (City, town, or caunty) (Sta | | | |
| Buria | | 56 G | ardens of Fa | ith Cem | Baltimore, | Md. | | | |
| | | | | | | | | | |
| SA. DATE REC | D BY HEALTH DEPT. | 25B. NAM | E OF REGISTRAR | Schimunek 3331 B | Funeral H | lome, Inc. | | | |
| | MAR 30 1000. | (Page | Ar E. Stanburgha | 3331 B | rehms Lane | , 110 | | | |
| (E 160 BCM 1/1 | 2000 | Marchine | | | | | | | |
| /S 150-REV. 1/1 | 1/60 | | | | 2 | | | | |

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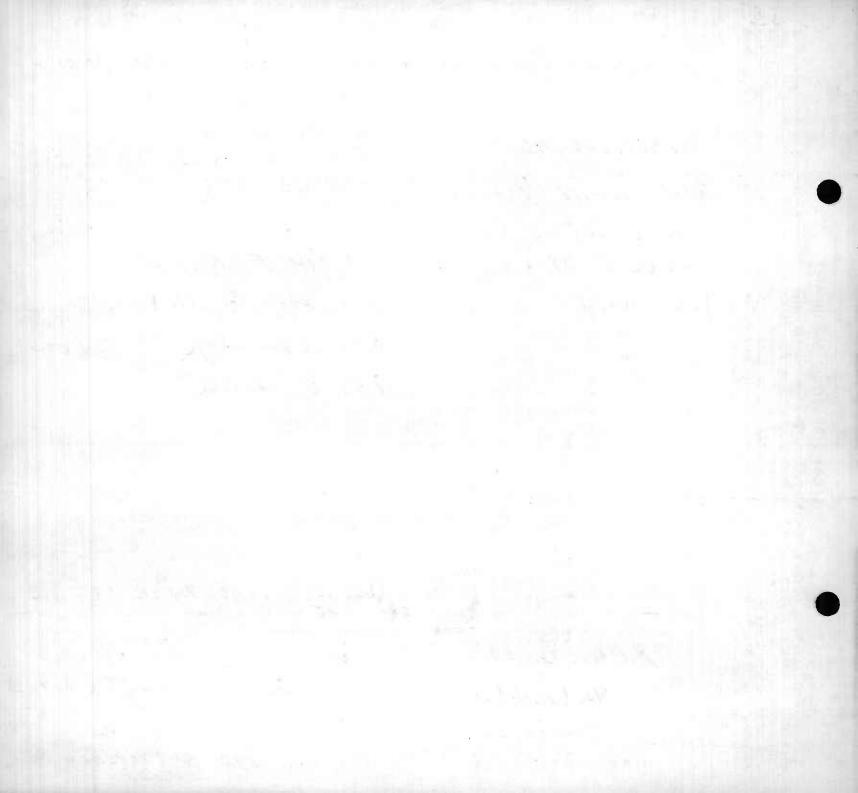
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30 Mr. 63 ES Ma.

1010 St 7001

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Justin Dear



VS 150-REV. 1/1/65.

Such

| | | BALTIMORE CIT | Y HEALTH DEPARTMENT | 66 03189 | | | | | |
|--------|---|--|---|--|--|--|--|--|--|
| | H NO. 66 (13189) | CERTIFICA | ATE OF DEATH V Registered | No. 00 (10100) | | | | | |
| | CASE NO. | | 2. DATE AND HOUR OF OF | ATH | | | | | |
| | or Print) | THOMAS VOSSLER | 3/26/66 | 2.15 PM | | | | | |
| 3. P | LACE OF DEATH IN BALTIMORE, MA | | 4. USUAL RESIDENCE (Where deceased lived | . If institution; residence before admission) | | | | | |
| | | or institution, give street | MARYLAND 21222 BALTIMORE | | | | | | |
| | OSPITAL OR oddress or locotio | n) | C. CITY OR TOWN (If outside city limits, or DUNDA LK | write RURAL and give township) | | | | | |
| 6 | BALTIMORE CITY | HOSPITAL (DOA) | O. STREET ADDRESS (If rurol, give locotio | n) | | | | | |
| 7 | | | 1905 HARRISON ROAD | | | | | | |
| | ALE WHITE | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED | B. DATE OF BIRTH 9, 'AGE (In years lost birthday) JAN 30, 1912 54 | Months Doys Hours Min. | | | | | |
| | during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTR | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? | | | | | |
| | TSTRIP MILL | STEEL MFGR. | PENNSYLVANIA | USA | | | | | |
| 1.5. [| ATHERS NAME | | 14. MOTHER'S MAIDEN NAME | | | | | | |
| 16 1 | THOMAS VOSSLE | | AUGUSTA KLIMM | | | | | | |
| (Yes | Vos Deceased Ever in U. S. Armed Fo no or unknown) (If yes, give wor or dote | os of service) 1 6. SOCIAL SECURITY NO. | 17- INFORMANT | AS IN NO. L | | | | | |
| | NO | 213/07/2501 | RUBY BRITT VOSSLER- | IFE ABO VE | | | | | |
| | 18. 4-20,11 | | OF DEATH | ONSET AND DEATH | | | | | |
| | DISEASE OR CONDITION DI LEADING TO DEATH | ACL. | ITE MYOCARDIAL INFA | CTION SUPPIEN | | | | | |
| | linis does not meon the made of dying, e.g., DUE TO | | | | | | | | |
| | heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) MYOCARDINE (SAMES) | | | | | | | | |
| | ANTECEDENT CAUSES (B) (B) (C) (C) (B) (D) (D) (D) (D) (D) (D) (D | | | | | | | | |
| | DISEASES OR CONDITIONS, if any, giving | | | | | | | | |
| | rise Ia Ihe obave cause (A) stoting Ihe (C) | | | | | | | | |
| | | | | | | | | | |
| ATION | OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING | ATEO TO THE | NONE | | | | | | |
| | | IDITION FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No) 20B. IF YES, W | VERE FINDINGS CONSIDERED G CAUSES OF DEATH? | | | | | |
| AL C | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY fe.g., home. form, foctory, street, etc.) | in or about 21 C. WHERE DIO (If in Bo office bldg., INJURY OCCUR? | ltimore City, give exact lacation) | | | | | |
| | 21 D. ΠΜΕ (Month) (Doy) (Year) | (Hour) 21E. INJURY OCCURRED | 21 F. HOW DID INJURY OCCUR? | | | | | | |
| 8 | OF INJURY (APPROX) | While At Not Wh | | | | | | | |
| | 701 / 6/2 2/10/6 | | | | | | | | |
| | 22. I certify that (1) (this hospital) attended the deceased from 19 19 to 19 to 19 that (1) (we) last saw the deceased alive on 19 19 and that in(my) (our) apinion death occurred on the data | | | | | | | | |
| | and hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after deoth. | | | | | | | | |
| | VETTOURNATURE | ann Mes M.D. A. | ttending Med. Stoff Director Phys. | 23 B. DATE SIGNED | | | | | |
| | PARE (Type) W.E. BAE | RMANN, MD. M.C | 3401 DUNDALK AVE. DU | JNDALK,MD.21222 | | | | | |
| 24A | REURIAL CREMATION, 24B. DATE 3/29/ | 66 GARDENS FAIT | | (City, town, or county) (Stote) | | | | | |
| 25A | MAR 30 1966 | 258. NAME OF REGISTRAR | WALTER B ROOKS BR | ADLEY, DUNDALK, MD | | | | | |

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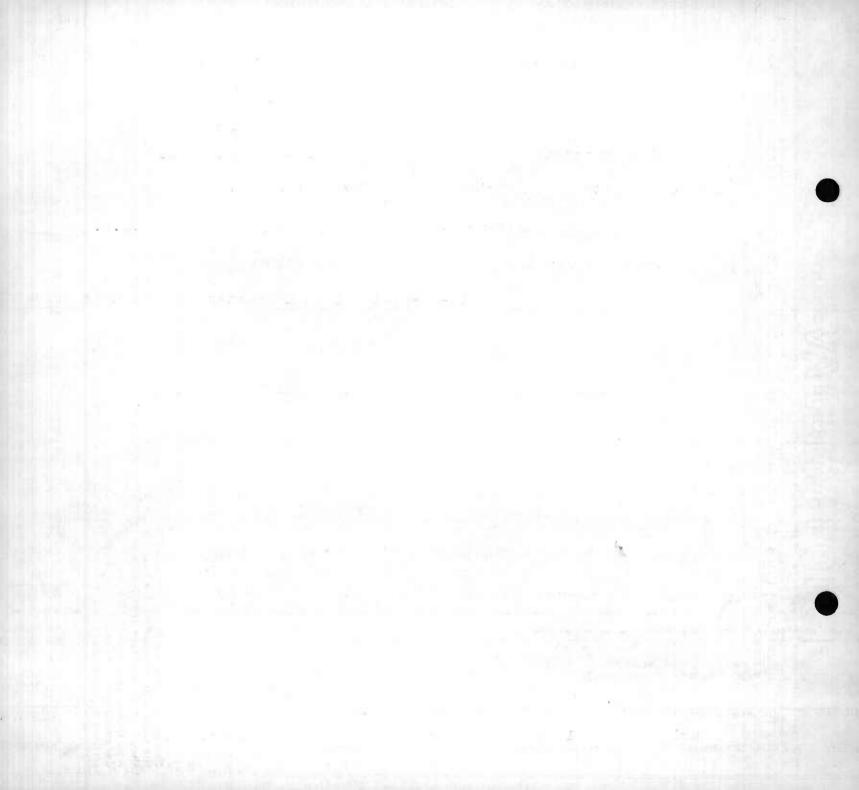
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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/65

| | | | BALTIMORE CITY | HEALTH DEPARTMENT | | 00 -0100 | | | |
|--|--|-------------------|-----------------------------|---|----------------------------|---------------------------------------|--|--|--|
| BIRTH NO. | 66 03192 | | CERTIFICA | TE OF DEATH | Registered Na | . 66 13192 | | | |
| M.E. CASE NO. I. NAME OF DEC Type or Print) | ERMA MAE | HORNER | | | ch 28, 1966 | 12:05 AM | | | |
| PLACE OF DE | ATH IN BALTIMORE, MA | RYLAND | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admissing A. STATE B. COUNTY | | | | | |
| FULL NAME C | OF (If not in hospital | or institution of | uva straat | Maryland | Baltimo | ore | | | |
| HOSPITAL OR | oddress or location | n) | ive sheet | | outside city limits, write | RURAL ond give township) | | | |
| . 1 | | | | Victory V | | 5300 | | | |
| B | altimore City | Hospita | J | D. STREET ADDRESS (If turol, give location) 8 Control Court | | | | | |
| . SEX | 6. RACE | | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr., If Under 24. | | | |
| Female | White | | , DIVORCED (specify) rried | Feb. 5, 1915 | lost birthdoy) | Months Doys Hours Mir | | | |
| | UPATION (Give kind of work | 108. KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| tone during most of Labor | working life, even if retired) | Thread | Mili | West Virgin | | | | | |
| 3. FATHERS NA | | | | 14. MOTHER'S MAIDEN N | USA | | | | |
| ? | Simmons | | | ? | | | | | |
| 5. Wos Deceased | Ever in U. S. Armed For | rces? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS | | | |
| No or unknow | n) (If yes, give wor or dote | s of service) | 190-20-0260 | Unaver Unaver | 0 | | | | |
| 18. 21 - | | | CAUSE O | Harry Horner | Same | INTERVAL BETWEEN | | | |
| 1 000 | 0 1 1 | AP CELV | CAUSE | T DEATH | | ONSET AND DEATH | | | |
| DISEA | SE OR CONDITION DI | RECILY | | anderes RA | a funda | 7 week- | | | |
| (This does | (This does not meon the mode of dying, e.g., | | | | | | | | |
| | LEADING TO DEATH (This does not meon the mode of dying, e.g., healt foilure, ostherio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) Cartura sclerate of laruses | | | | | | | | |
| | ANTECEDENT CAUSES | | (B) (| irthroscher | in of lerus | ul | | | |
| | | | DUE TO | | U | | | | |
| | OR CONDITIONS, if | | (C) | | | | | | |
| | G CONDITION lost. | | | | | | | | |
| | 11 | | | | | | | | |
| E TO THE D | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | | | |
| | | DITION FOR W | HICH OPERATION | 20A. AUTOPSY? (Yes or | No) 208. IF YES, WER | E FINDINGS CONSIDERED AUSES OF DEATH? | | | |
| 21 A. ACCIDE | NT WAS UNDERLYING | 7 218 | PLACE OF INTERVIOR | n or about 21C WHERE DID | (If in Boltim | ore City, give exact location) | | | |
| OR CONTRIB | UTING CAUSE OF | home etc.) | e, form, foctory, street, o | n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? | (ii iii boiliis | ore city, give exoct loconom | | | |
| □ 21 D. TIME | (Month) (Doy) (Year) | (Hour) 21 E. | INJURY OCCURRED | 21 F. HOW DID II | NJURY OCCUR? | | | | |
| OF INJURY | | | e At Not Whi | | | | | | |
| | | Worl | 9-1 | | | 20000 / 50 / | | | |
| 22. I certify | 22. I certify that (1) (this hospital) attended the deceased fram Feb 3 1966 to March 25 1966 | | | | | | | | |
| that (I) (we) | that (1) (we) last saw the deceased alive an MANA 1966 and that in(my) (aur) opinion death occurred on the do | | | | | | | | |
| and haur an | d fram the causes sta | ted abave. (1) | (We) (did) (dld nat) | view the bady after death | ١. | | | | |
| 23A. SIGNATI | URE | 10. | 2 - | | | 23B. DATE SIGNED | | | |
| | - Sweetly | Beck | MI M.D. Att. | ending Med. Director | Stoff Phy s. | 3-28-66 | | | |
| 23C. PHYSICIA | Type Irving Be | ck wi | M.D. | 901 Fuselage Ave Balto Md 21220 | | | | | |
| 24A. BURIAL CRE | (Specify) | | ME of CEMETERY OF CR | EMATORY 24D. | LOCATION | City, town, or county) (Stot | | | |
| Remova | | 6 Wal | lace&Wallace | Funeral Home | Lewisburg, W | Va. | | | |
| | | 1000 111110 0 | | | - 1 | 70.0 | | | |

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Funeral Home 1407

Eastern Ave.

85 1.51 10

Part of All Street

Section Continue

12 attention of sent

informs Thread 111

West Virginia (E.)

190-00-0256 Party Morney Sales

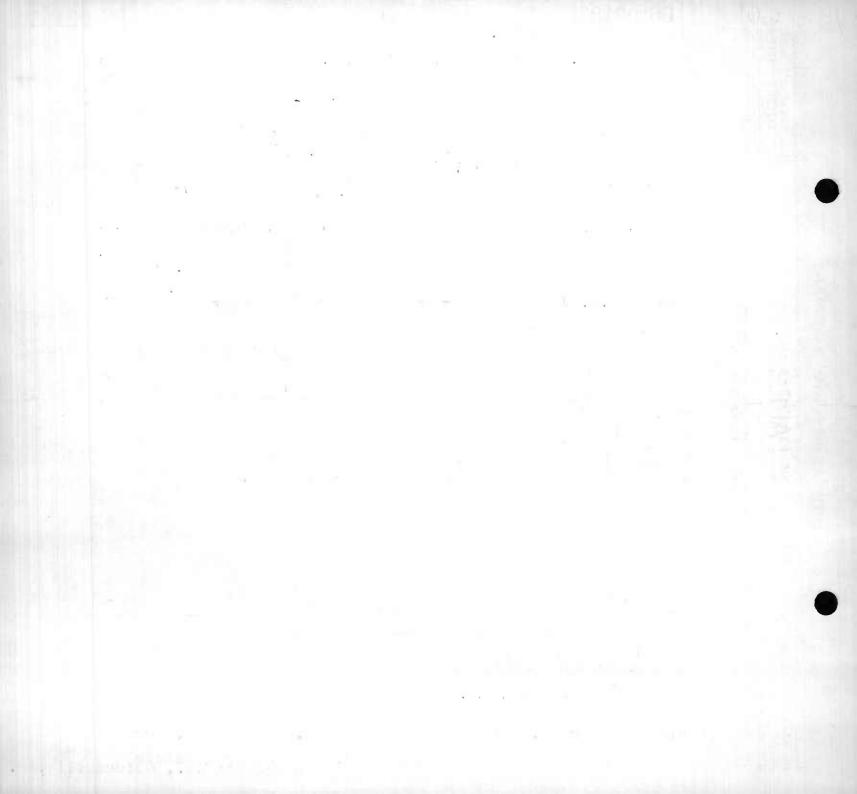
901 Fuselage Avergalto. H. El av

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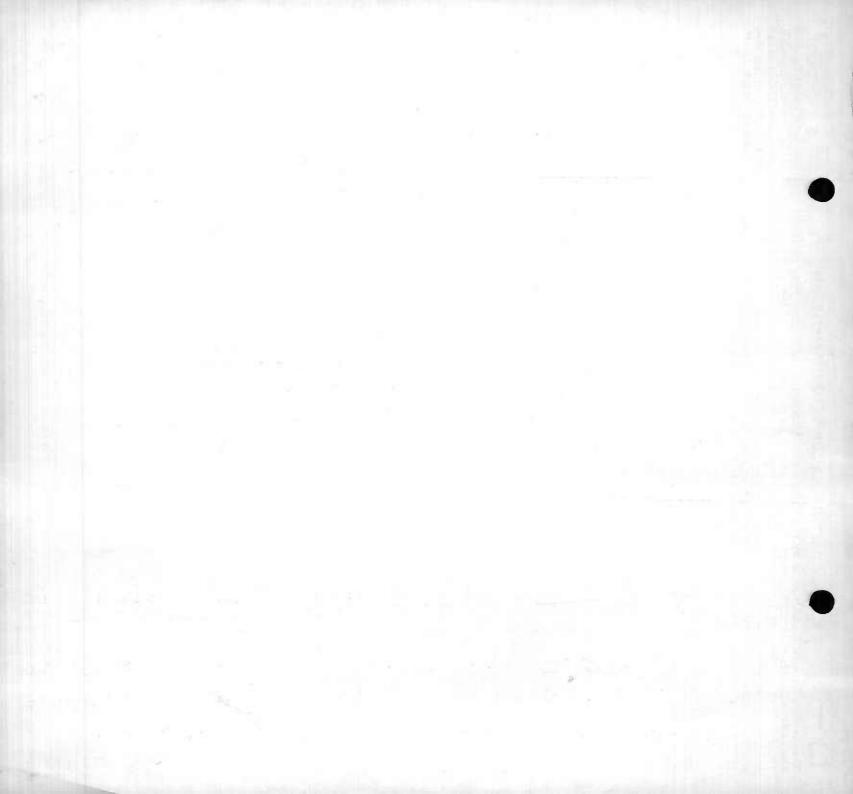
VS 150-REV, 1/1/65

WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH N M 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in (my) (aur) opinion death accurred on the date 23 B. DATE SIGNED Maryland ADDRESS

If Under 24 Hrs.

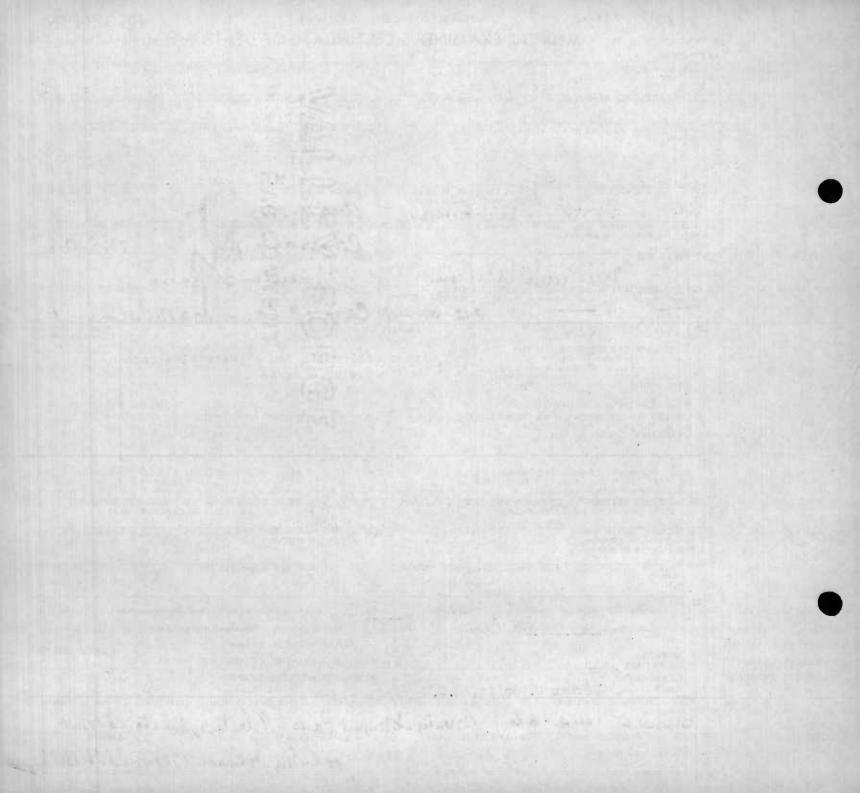
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BALTIMORE CITY HEALTH DEPARTMENT

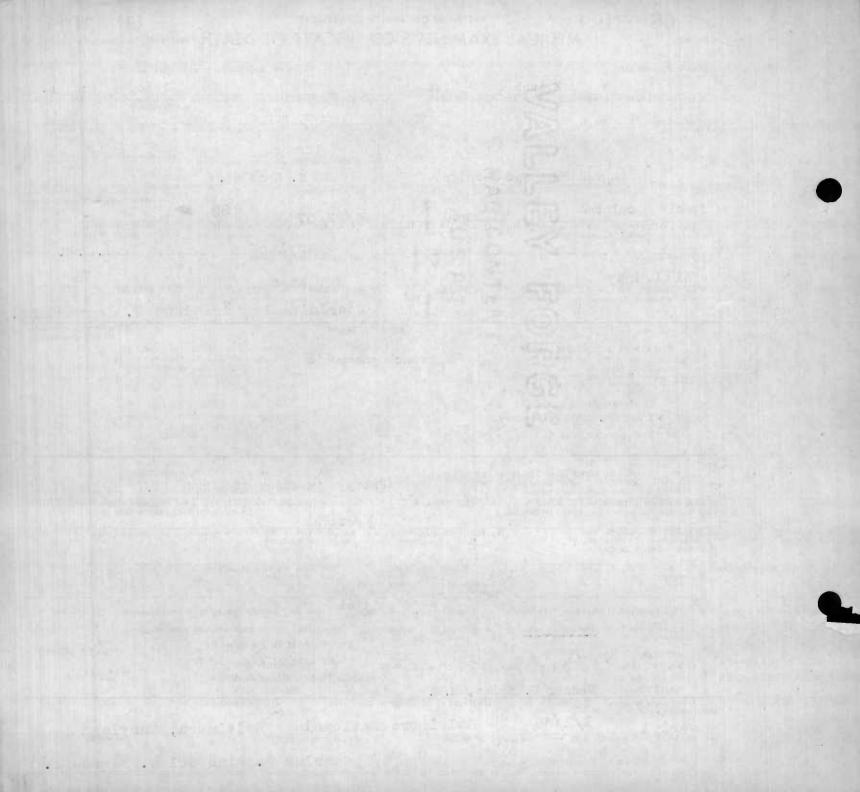


W- 425 BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regist

| | LKIIIICAIE OF DEATH Registered No. | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| M.E. CASE NO. 1. NAME OF DECEASED | 2. DATE AND HOUR PRONOUNCED DEAD | | | | | | | |
| (Type or Print) Albert Wilson | | | | | | | | |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission as STATE March 1 and B. COUNTY | | | | | | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) | Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) | | | | | | | |
| | Baltimore | | | | | | | |
| Hopkins Hospital | D. STREET ADDRESS (If rural, give location) | | | | | | | |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr, If Under 24 Hrs, | | | | | | | |
| male colored WIDOWED, DIVORCED(Specify) | lost birthdoyl Manths Doys Haurs Min. | | | | | | | |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF | | | | | | | |
| done during most of warking life, even if retired) | WHAT COUNTRY? | | | | | | | |
| 13. FATHER'S NAME | Cambridge, Ind 21, S. Q. | | | | | | | |
| William Utilcon | Priscilla Wilson | | | | | | | |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown, (If yes, give war ar dotes of service) SECURITY NO. | Triscilla Wileon ADDRESS | | | | | | | |
| 2/2-07-450/ | Carried Come 122 Val. OL | | | | | | | |
| | OF DEATH INTERVAL BETWEEN | | | | | | | |
| DISEASE OR CONDITION DIRECTLY | ONSET AND DEATH | | | | | | | |
| LEADING TO DEATH Arteri | osclerotic and hypertensive cardio- | | | | | | | |
| this does not mean the mode of dying, e.g., DUE TO V | ascular disease | | | | | | | |
| njury ar camplication which coused death.) | | | | | | | | |
| ANTECENDENT CAUSES | (B) | | | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE | | | | | | | | |
| UNDERLYING CONDITION LAST. | | | | | | | | |
| ÕE II | | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION | | | | | | | | |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES | | | | | | | |
| 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., home, form, foctory, sheet, cetc.) | in or about 21C. WHERE DID (If in Boltimore City, give exact location) | | | | | | | |
| OF INJURY | 21F. HOW DID INJURY OCCUR? | | | | | | | |
| m. WORK AT WORK | | | | | | | | |
| 22. I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my apinion | | | | | | | | |
| resulted fram: Natural causes X Accident Sulcid | e Hamlcide Undetermined manner | | | | | | | |
| CHIEF MEDICAL EXAMINER | | | | | | | | |
| SIGNATURE MUNICIPAL BACKMON | ASSISTANT MEDICAL EVANINED TO | | | | | | | |
| EXAMINER'S | ASSOCIATE MEDICAL EXAMINER 3/29/66 | | | | | | | |
| NAME (Type) Werner U. Spitz, M.D. | | | | | | | | |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of | or CREMATORY 23D. LOCATION (City, tawn, ar county) (State) | | | | | | | |
| Bureal 4-2-66 Cerbritus M | enviel Park arbeity, Bulto. Co. ned. | | | | | | | |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS | | | | | | | |
| MAR 30 1988 P. Calo E. Foolby M. A. | John M. Johnson, 1700 Dmid Itillave | | | | | | | |
| VS 151-REV. 1/1/65 | | | | | | | | |

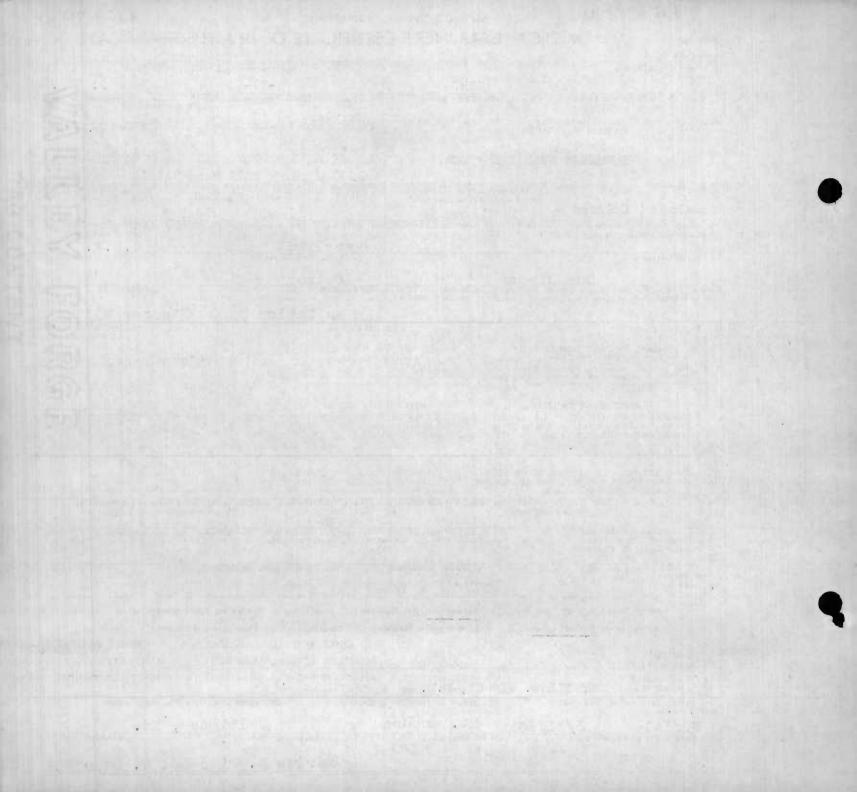


| 1. | L CASE NO. | CEASED | | | | 12 | DATE AND 44 | OUR PRONOUNC | CED DEAD | |
|---------------------|--|--|---|--|--|--|--|--|----------------|---|
| (Ту | oe or Print) | | E1 | lizabeth | Jenkins | | DATE AND IN | | 28/66 | 6:55 а.м. |
| 3. P | LACE IN BAL | TIMORE, M | | | OUNCED DEAD | 4. USUAL RESIDEN | CE(Where dece | | titution: resi | idence before odmission) |
| FUI | L NAME OF | (IF NO | T IN HOSPI | ITAL OR INSTI | TUTION, GIVE STREET | Mary C. CITY OR TOWN | Land | | | |
| INS | SPITAL OR | ADDR | ESS OR LOC | CATION) | | | | porote ilmits, with | P ROKAL O | ona give township) |
| 4 | | | | | | Baltin D. STREET ADDRES | | locotion) | 2 | |
| M | | Chui | rch Hon | ne and H | lospital | 18 S. | . Bond S | t. | | |
| 5. S | | 6. RACE | | | D, NEVER MARRIED DIVORCED (specify) | B. DATE OF BIRTH | 1 | ost birthdoy) | | r 1 Yr. If Under 24 Hrs. Doys Hours Min. |
| | temale | color | | Wi | .dowed | 4/22/07 | | 58 | | |
| | e during most of | | | | OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (Sto | te or toreign co | untryl | 12. CITIZ | EN OF AT COUNTRY? |
| 13. | ATHER'S NA | ME | | | | Mar | yland SEN NAME | | | U.S.A. |
| | Will | Grav | | | | MF The | mm D | | | |
| | WAS DECEAS | ED EVER IN | | ED FORCES? | 16. SO CIAL SECURITY NO. | 17. INFORMANT | nma | | ADDRES | S |
| | , or olikilowi | , cs, gi | | NOS OF SETTICE! | 3200111110. | Gearldin | ne Hopk | ins 150 | 6 E. | Iombard St |
| | 18. | IX | | | CAL | SE OF DEATH | | | | INTERVAL SETWEEN |
| | DISEA | SE OR CO | NOITION | DIRECTLY | | | | | | ONSET AND DEATH |
| | (This does | not meon | the mode | of dying, e.g. | DUE TO | hopneumonia | | | | |
| | injury or co | e, ostherio, emplication | which couse | ns the disease d deoth.) | | | | | | |
| | | ANTECENE | DENT CAU | SES | | | | | | |
| 1 | | | | | (8) | | | | | |
| | DISEASES RISE TO TH | HE ABOVE | CAUSE (A) | ANY, GIVING | DUE TO | | | | | |
| Z | DISEASES RISE TO TH | HE ABOVE | DITIONS, IF CAUSE (A) DITION LAST | STATING THE | DUE TO | | | | | |
| ATION | DISEASES RISE TO TH UNDERLYI | NG COND | CAUSE (A) DITION LAST | STATING THE | (C) | | | | | |
| CAT | DISEASES RISE TO TH UNDERLYI OTHER SIG | NG COND | CAUSE (A) DITION LAST II CONDITION BUT NOT R | S CONTRIBUT | (C) | Fatty altera | ation of | liver | | |
| FICATI | DISEASES RISE TO TH UNDERLYI OTHER SIG TO THE DISEASE C | HE ABOVE NG COND SNIFICANT DEATH B DR CONDITI | CAUSE (A) II CONDITION BUT NOT R ON CAUSIN | STATING THE | (C) | Fatty altera | 'es or No) 20B. | IF YES, WERE FI | INDINGS C | CONSIDERED |
| L CERTIFICATI | OTHER SIG TO THE DISEASE O | GNIFICANT DEATH B DR CONDITI | II CONDITION LAST ON CAUSIN ON CAUSIN ON 198, CO | STATING THE | (C) | | 'es or No) 20B. | | INDINGS C | CON SIDERED EATH? |
| AL CERTIFICATI | DISEASES RISE TO TH UNDERLYI OTHER SIG TO THE DISEASE CI 19A. DATE O | HE ABOVE NG COND SNIFICANT DEATH B OR CONDITI F OPERATIO | III CONDITION LAST UT NOT RON CAUSIN ON 19B. CO WAS PE | STATING THE | (C) TING THE WHICH OPERATION PLACE OF INJURY (e. ne, form, foctory, street | 20 A. AUTOPSY? (Y | es or No) 20B. IN (| IF YES, WERE FI | ISES OF DE | EATH? |
| AEDICAL CERTIFICATI | OTHER SIGNOTHE DISEASE OF THE DISEAS | HE ABOVE NG COND SNIFICANT DEATH B OR CONDITI F OPERATIO | III CONDITION LAST UT NOT RON CAUSIN ON 19B. CO WAS PE | STATING THE S CONTRIBUT RELATED TO NG IT. NODITION FOR ERFORMED 218 hom etc. | TING THE WHICH OPERATION PLACE OF INJURY (e. ne, form, foctory, street) | partial g., in or obout 21C. WHI poffice bidg., INJURY O | es or No) 20B. IN (| IF YES, WERE FI | ISES OF DE | EATH? |
| MEDICAL CERTIFICATI | OTHER SIGNOTHER | HE ABOVE NG COND SNIFICANT DEATH B OR CONDITI F OPERATIO | III CONDITION LAST III CONDITION ON CAUSIN ON TABLE WAS PE | STATING THE S CONTRIBUT RELATED TO NG IT. NODITION FOR ERFORMED 218 hom etc. | (C) TING THE WHICH OPERATION PLACE OF INJURY (e. ne, form, foctory, street | 20A. AUTOPSY? (Y partial g., in or obout 21C. WHI office bldg., INJURY O | es or No) 20B. IN (| IF YES, WERE FI CERTIFYING CAU Boltimore City, g | ISES OF DE | EATH? |
| MEDICAL CERTIFICATI | OTHER SIGNOTHER | GNIFICANT DEATH B OR CONDITI F OPERATIO AL CAUSE OR CONT JSE OF DEA | III CONDITION LAST III CONDITION ON CAUSIN ON TABLE WAS PE | S CONTRIBUT S CONTRIBUT RELATED TO NG IT. DNDITION FOR ERFORMED 21 B hon etc. | (C) | 20A. AUTOPSY? (Y partial g., in or obout 21C. WHI g., office bldg., INJURY O 21F. HOW WORK | es or No) 208, IN (ERE DID (If in CCUR? | IF YES, WERE FI CERTIFYING CAU Boltimore City, g | ISES OF DE | EATH? |
| MEDICAL CERTIFICATI | DISEASES RISE TO THE UNDERLYI OTHER SIG TO THE DISEASE CI 19A. DATE O 21A. EXTERNA UNDERLYING UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. | SNIFICANT DEATH B OR CONDITI F OPERATIO AL CAUSE (Month) | CAUSE (A) III CONDITION BUT NOT R ON CAUSIN IN 198. CO WAS PE WAS TRIB- ATH. (Doy) (Ye | S CONTRIBUT S CONTRIBUT RELATED TO NG IT. DNDITION FOR ERFORMED 21 B hon etc. | (C) | 20A. AUTOPSY? (Y partial g., in or obout 21C. WHI g. office bldg., INJURY O D 21F. HOW WORK Partical | RE DID (If in CCUR? | IF YES, WERE FI CERTIFYING CAU Boltimore City, g | JSES OF DE | ocotion) |
| MEDICAL CERTIFICATI | OTHER SIGNOTHER | SNIFICANT DEATH B OR CONDITI F OPERATIO (Month) | CAUSE (A) III CONDITION BUT NOT R ON CAUSIN IN 198. CO WAS PE WAS TRIB- ATH. (Doy) (Ye | STATING THE | ING THE WHICH OPERATION PLACE OF INJURY (e. ne, form, foctory, street PLACE OF INJURY OCCURRE WHILE AT NC WORK Inspection | partial g., in or obout 21C. WHI g., office bldg., INJURY O D 21F. HOW WORK Partial ond the | es or No) 208. IN (IN CCUR? DID INJURY (In that on this bo | IF YES, WERE FI CERTIFYING CAU Boltimore City, g DCCUR? | my opinio | ocotion) |
| MEDICAL CERTIFICATI | DISEASES RISE TO THE UNDERLYI OTHER SIG TO THE DISEASE OF 19A, DATE OF 21A, EXTERNA UNDERLYING UTING CAU 21D TIME OF INJURY (APPROX.) 22. I cei | SNIFICANT DEATH B OR CONDITI F OPERATIO (Month) rtify that I | II CONDITION LAST II CONDITION IUT NOT R ON CAUSIN ON 19B. CO WAS PE WAS TRIB- ATH. (Doy) (Ye | STATING THE | ING THE WHICH OPERATION PLACE OF INJURY (e. ne, form, foctory, street PLACE OF INJURY OCCURRE WHILE AT NC WORK Inspection | partial p, in or obout 21C. WHI poffice bidg, INJURY O 21F. HOW WORK Partial ond to ide Homicide CHIEF MED | res or No) 208. IN (IF in CCUR? DID INJURY (In the ton this be Under ICAL EXAMI | IF YES, WERE FI CERTIFYING CAU Boltimore City, g DCCUR? DSSIS, deoth In a stermined monn NER | my opinio | ocotion) |
| MEDICAL CERTIFICATI | OTHER SIGNOTHER | ENIFICANT DEATH B DR CONDITI OF OPERATION AL CAUSE (Month) rtify that I Ited from: | II CONDITION LAST II CONDITION IUT NOT R ON CAUSIN ON 19B. CO WAS PE WAS TRIB- ATH. (Doy) (Ye | STATING THE | TING THE WHICH OPERATION PLACE OF INJURY (e. ne, form, foctory, street) 21E. INJURY OCCURRE WHILE AT NC WORK AT Inspection Suice | partial g., in or obout 21C. WHI D. 21F. HOW OT WHILE WORK D. ASSISTANT MED | TERE DID (If in CCUR? DID INJURY (In that on this bounded) ICAL EXAMI | Boltimore City, g DCCUR? DCCUR? DISTRIBUTION OF THE MENT OF THE | my opinio | DATE SIGNED |
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Charles A. Rice 661 W. Barre ST





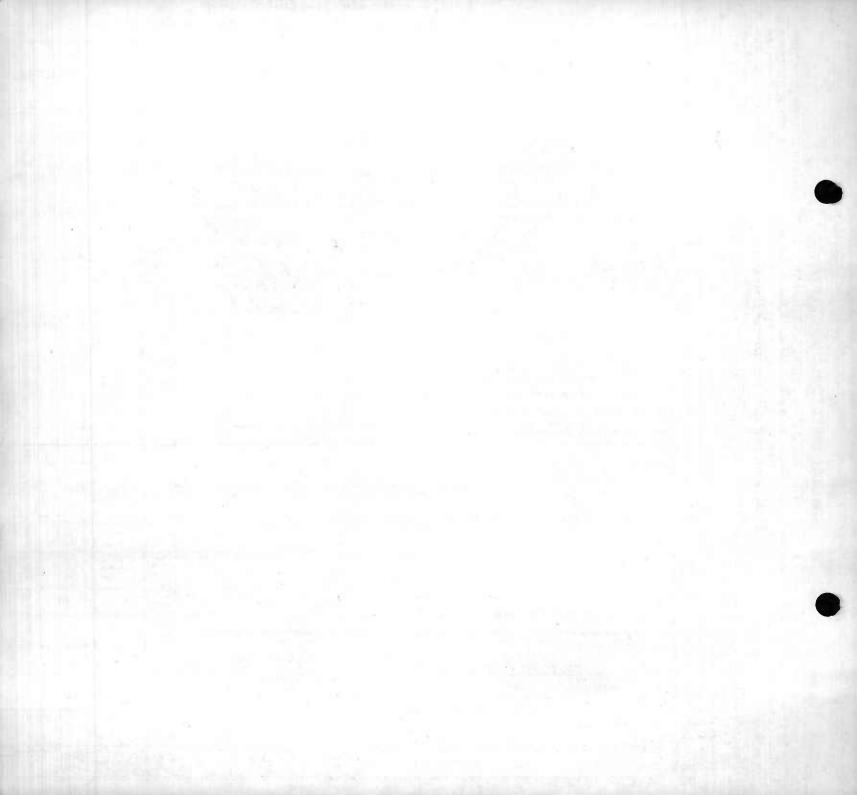
BALTIMORE CITY HEALTH DEPARTMENT

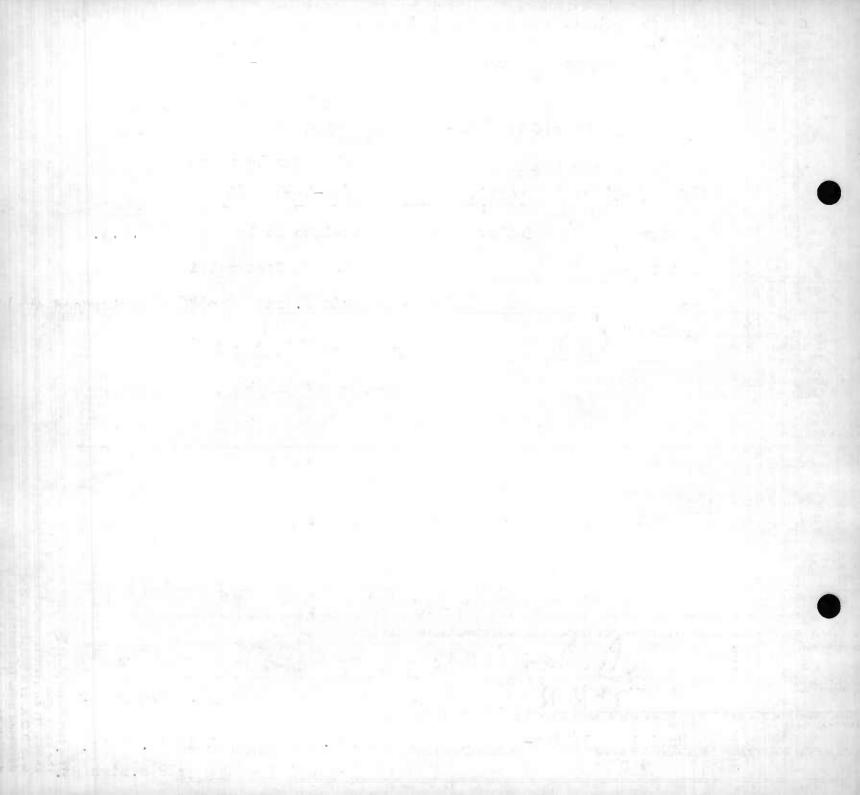
IMPORTAN FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

(If outside city limits, write RURAL and give lownship) If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. INTERVAL BETWEEN ONSET AND DEATH 6 Mos. 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) March and that in (my) (aur) opinion death occurred on the date 23B, DATE SIGNED Arlington Avenue ity, town, or sunty

7.2:30 A:





| INAME OF DECESSION 3. PLACE IN BALTIMORE MARTLAND, WHERE FRONOUNCED DEAD 1.25 3. PLACE IN BALTIMORE MARTLAND, WHERE FRONOUNCED DEAD 1.25 3. PLACE IN BALTIMORE MARTLAND, WHERE FRONOUNCED DEAD 1.25 1 | BIRTH NO. | MEDI | CAL EX | (AMINER'S CI | ERTIFICA | TE OF | DEATH Registe | ered No | |
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| S. WAS DECEASED EVERIN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Nathern Goines 1001 Arlington Ave. | IOA. USUAL OCCU | PATION (Give kind of work | TOB. KIND OF | BUSINESS OR INDUSTRY | | (State or foreig | gn Country) | WHAT | COLINTRY? |
| SECURITY NO. Nathan Goines 1001 Arlington Ave. | 3. FATHER'S NAM | E | | | 14. MOTHER'S N | AIDEN NAM | E | | |
| SECURITY NO. Nathan Goines 1001 Arlington Ave. | | | | | | | | | |
| DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying e.g., heat follow, setherno, etc. It means the disease, injury or complication which coused death, ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ADOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 2)C. WHERE DID (If in Boltimore City, give exact location) NOTIFICATION (Month) (Doy) (Year) (Hour Colory, sheet, office bidg, INJURY OCCUR? OF INJURY (APPROX.) 12C. 1 certify that I held on Inquiry Inspection ACTUAL SIGNATURE (The MEDICAL EXAMINER) EXAMINER'S NAME (Type) 22A. SUBJEAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Gity, town, or county) (Stor MON) Burt all 3-31-66 Mt. Auburn Cemetery Baltimore, Maryland | | | | 16. SOCIAL SECURITY NO. | | Coine | a 1001 Am | | n Ave |
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| Certify that I held on Inquiry Inspection Autopsy and that an this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined monner | 21D TIME OF INJURY | (Month) (Doy) (Yeor | | VHILE AT NOT | WHILE | OW DID INJ | URY OCCUR? | | |
| EXAMINER'S NAME (Type) Werner U. Spitz, M. D. ASSOCIATE MEDICAL EXAMINER 23A. BURIAL CREMATION, REMOVAL (Specify) Burial 3-31-66 Mt. Auburn Cemetery Baltimore, Maryland | l cert result | ted from: Natural con | | Suicident Suicide | Homici CHIEF M | ide EDICAL EX | Undetermined monn | ner 🗌 | DATE SIGNED |
| Burial 3-31-66 Mt. Auburn Cemetery Baltimore, Maryland | EXAMIN NAME (1 | ER'S Werner | · · | z, M. D. | ASSOCIATE N | EDICAL E | XAMINER | | |
| Dui 101 | | | | | | | | | |
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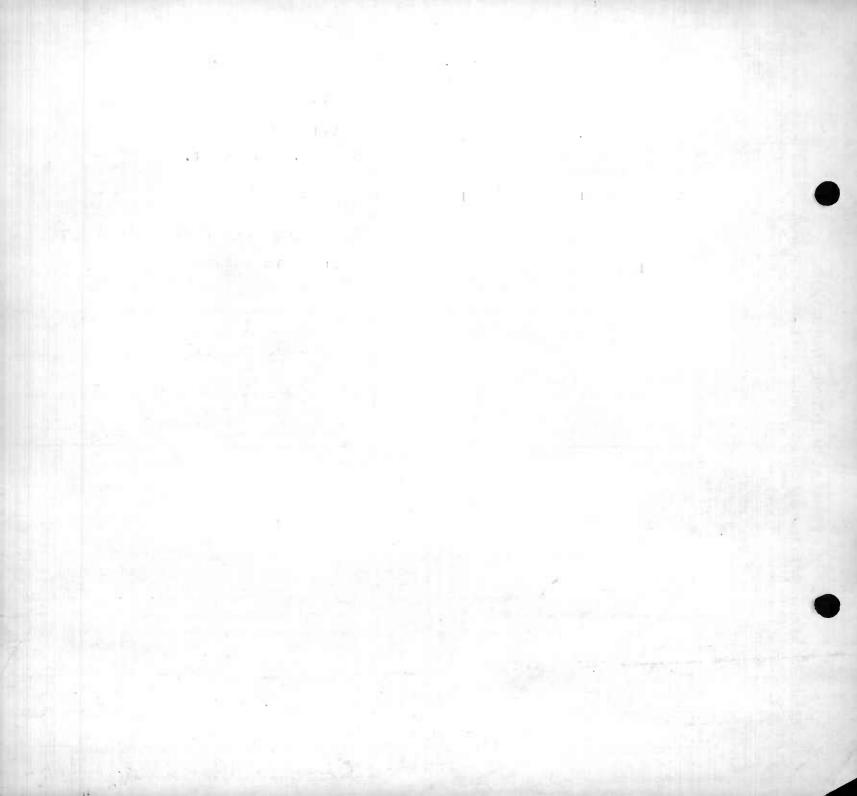
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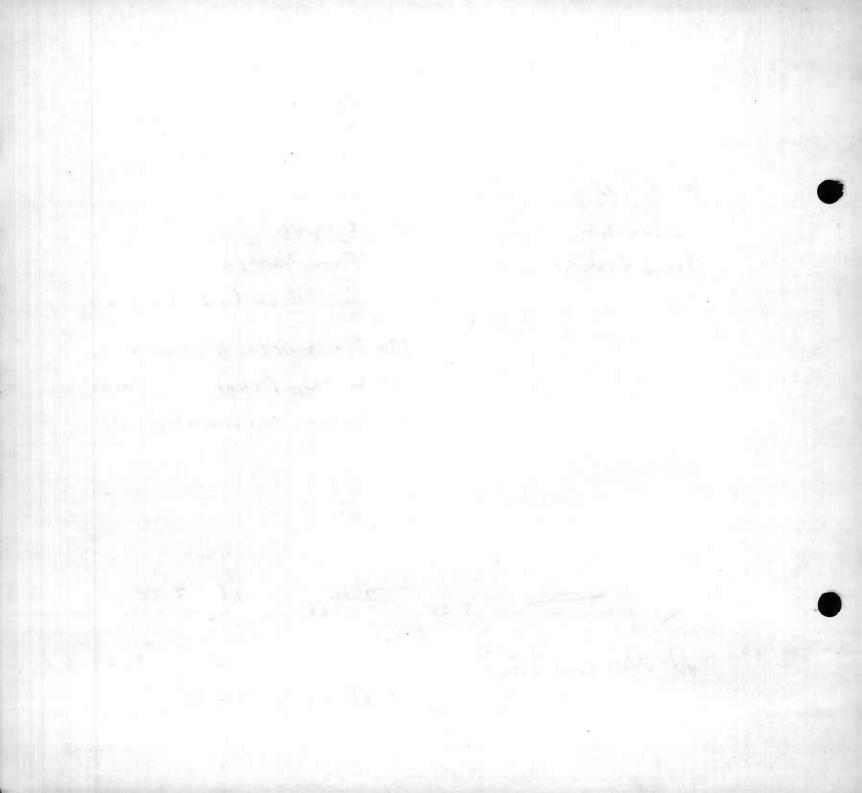
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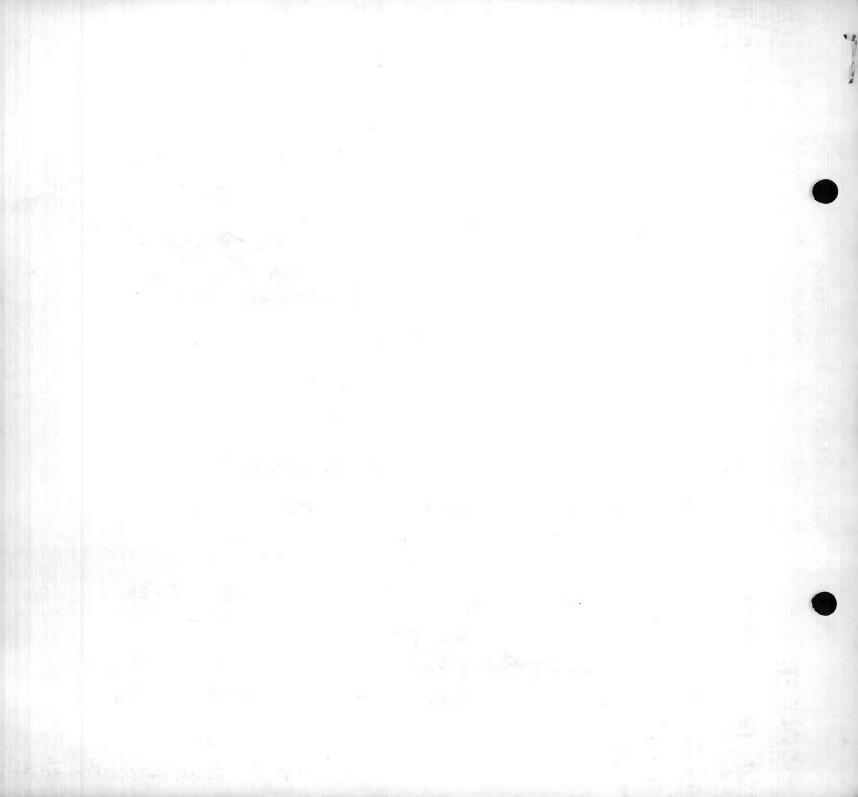
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| | hospital use of c (5) Dece lance or death. | 3. PLACE OF | DEATH IN BALTIMORE, MA | | 4. USUAL RESIDENCE (WA, STATE B. CO | here deceased lived. Il in | nstitution: residence before admission) |
| | 5 0 0 | FULL NAM | AF OF (If not in hospital | or institution, give street | MARYLAND | 8 | -12/2 |
| | a hoses cause se; (5) | HOSPITAL | OR address or location | | | outside city limits, write | RURAL and give township) |
| | cau cau tend | | | INS HOSPITAL. | BALTIMORE | | |
| | nting d cau r atte prior | 10 | COHN? LICHE | ins flostillar | | (If rural, give location) | |
| | de de | | | | | THEL ST. | |
| | 20 5 7 5 | 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min. |
| | occu ontri ermi regu regu sase | MALE | NEGROID | MARRIED | 3-17-04 | 62 | |
| | th co in ece | | CCUPATION (Give kind of work of working life, even if retired) | TOB. KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State of f | oreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | or or de | | | | ST. MANYS | C Md. | 11.5. A |
| | D + D D o S | 13. FATHER'S | NAME | | 14. MOTHER'S MAIDEN N | IAME | |
| - | | CORNE | LIUS | | ELIZABETH | GARDNER | |
| Z | ath ath | 15. Wos Deces | osed Ever in U. S. Armed For | | 17. INFORMANT | | ADDRESS |
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| | T | 24A. BURIAL | CREMATION, 248. DATE | 24C. NAME of CEMETERY of | CREMATORY 24D. | LOCATION (C | ity, town, or county) (State) |
| | s certi body ws: (1 s D.O. | Burit | 1 3-31- | 66 mr. Autor | al Ca. | Balto. | md. |
| | the bod shows: was D.G decease | 25A. DATE RE | C'D BY HEALTH DEPT. | 258. NAME OF REGISTRAR | 25C FUNERAL DIRECT | OR | ADDRESS |
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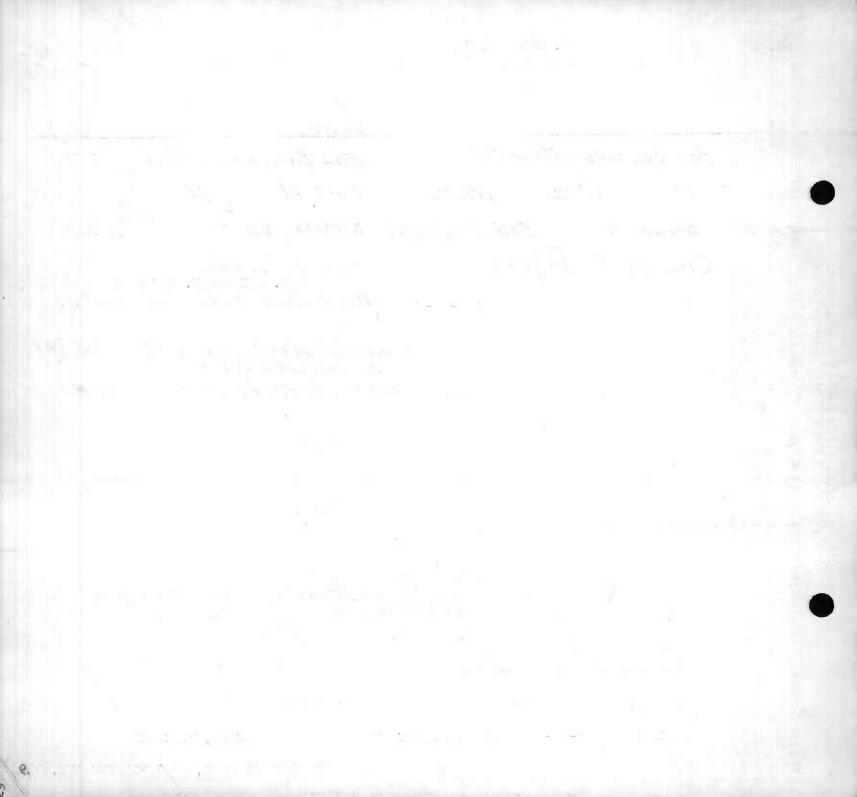
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IMPORTANT

DIRECTOR:

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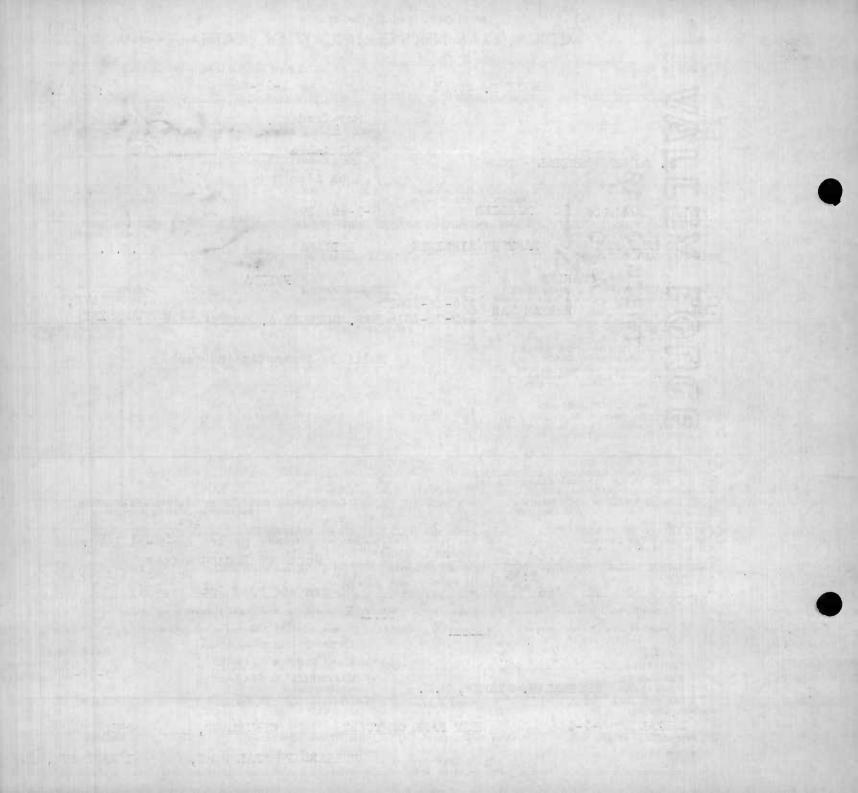
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| | DATE INTOKE CITE I | EMERIT DEL MICHAELTI | Y . |
|---------|--------------------|----------------------|------------------------|
| MEDICAL | EXAMINER'S | CERTIFICATE OI | F DEATH Registered No. |

| | | (16) | , | BALTIMORE CITY H | EALTH DEPARTMENT | | X | (13) | 100 | 19 |
|---------------|---|--|------------------------|--------------------|--|-----------------|----------------------------------|-----------------|-----------------|-----------|
| BIR | TH NO. | MEI | DICAL EX | AMINER'S | CERTIFICAT | E OF DI | EATH Registe | red No: | 13.36 |] •] |
| M. | E CASE NO. | | | Sel B. Tell | | | | | | |
| 1. (Tv | NAME OF DE | CEASED | | | | 2. DATE AND | HOUR PRONOUNCE | ED DEAD | | |
| , | , | | ROBERT L. | MOODY | | 3-28-6 | 6 | 1 | 3:00 | A . M. |
| 3. F | LACE IN BALT | TIMORE MARYLAND, | WHERE PRONOL | INCED DEAD | 4. USUAL RESIDE | NCE (Where de | ceosed lived, If insti B. COU | itution: reside | ence before o | dmission) |
| 6111 | L NIAME OF | UE NOT IN HOSE | DITAL OR INICTITE | IDON CIVE STREET | | Maryland /OCLAS | | | | |
| HO | L NAME OF SPITAL OR TITUTION | ADDRESS OR LO | CATION) | ITION, GIVE STREET | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | | | hip) |
| HA 2 | MONON | | | | Baltimon | re | | 53- | | |
| | ST. A | GNES HOSPIT | AL - DOA | | D. STREET ADDRE | | ve locotion) | | | |
| | 4 10 10 10 | | | | 4302 Ala | an Drive | 21229 | | | |
| 5. \$ | EX | 6. RACE | | NEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In years | If Under | Yr. If Unde | r 24 Hrs. |
| 7 | Male | Libito | MARRIE | DIVORCED (specify) | 9-3-66 29 | | lost birthdoys | Months | oys Hours | Min. |
| | | White | | | STRY 11. BIRTHPLACE (S | | | 12. CITIZEN | I OF | - |
| | e during most of | working life, even if retired | d) | | | | | WHAT | COUNTRY? | |
| 12 | KA FATHER'S NAM | MP MAN | EASTERN | AIRLINES | INDIANA | | | U.S. | A . | |
| 13. | TAIRLES NAN | / E | | | 14. MOTHERS MA | IDEN NAME | | | | |
| | | CHARL | | | | FREIDA | | | | |
| | | D EVER IN U.S. ARM | | 276-28-606 | 17. INFORMANT | | | ALAN | DRIVE, | 21229 |
| Y] | ES | KO | REAN WAR | 310-26-101 | | T357 A 3.6 | 4308 | XXXXX | | |
| | 18. | M C 8 | | | USE OF DEATH | FY A M | 00DY, 4304 | I | NTERVAL BI | |
| | DISEA | SE OR CONDITION | DIRECTIV | | | | | (| ONSET AND | DEATH |
| | DISEA | SE OR CONDITION LEADING TO DEA | | | Multiple to | raumatic | injuries | | | |
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| - | injury or co | mplication which couse | ed deoth.) | | | | | | | |
| | 4 | ANTECENDENT CAU | JSES | | | | | | | |
| 1 | DISEASES | OR CONDITIONS, IF | ANY, GIVING | (B) DUE TO | | | | | | |
| rin | RISE TO TH | E ABOVE CAUSE (A) | STATING THE | | | | | | | |
| z | | | | (C) | | | | | | |
| E | | II . | | | | - | | | 100 | |
| 5 | | NIFICANT CONDITION DEATH BUT NOT | | | | | | | | |
| 뜬 | | R CONDITION CAUSE | | | | | | | | |
| CERTIFICATION | 19A. DATE OF | OPERATION 198, CO | ONDITION FOR VERFORMED | WHICH OPERATION | 20A. AUTOPSY? | | B. IF YES, WERE FIN | | | |
| | 2 | | ERI ORIVIED | | Yes | | Yes | LI OI DEA | | |
| EDICAL | 21 A. EXTERNA | OR CONTRIB- | 21 B. | PLACE OF INJURY (e | eg, in or obout 21 C. W | | in Boltimore City, givesota Road | | otion) | 5.50 |
| ă | | SE OF DEATH. | etc.) | Road | | | | | I Leix | |
| Σ | 21D TIME | (Month) (Doy) (Y | 2:35 2 | 1E. INJURY OCCURR | | W DID INJUR | enson Aven | | auto w | high |
| | OF INJURY (APPROX.) | | . AM V | HILE AT N | ot WHILE [X] ran | | | | aulo w | HICH |
| | 22. | 3 28 ' | 66 ATT m. V | VORK L A | T WORK ran | off roa | d into a g | ully | - | |
| | | tify that I held an | Inquiry | Inspection | Autapsy X and | that on this | basis, death in m | ny apinlan | | |
| | resul | ted from: Natural | couses A | ccldent X Sui | cide Homicid | e Un | determined manne | er 🗌 | | |
| | | | / / | | CHIEF ME | DICAL EXA | MINER X | | | |
| | ACTUAL | | Kinha. | | A.D. ASSISTANT ME | | | | DATE SIG | GNED |
| | SIGNAT | |) | | **** | | | | 3-28-6 | 6 |
| | EXAMIN NAME (| Type) RUSSEI | L S. FISH | HER, M.D. | ASSOCIATE ME | DICAL EXA | MINEK | | | |
| | . BURIAL CRE | MATION, 23B. DATE | | C. NAME OF CEMETE | RY or CREMATORY | 23 D. LOC | CATION (City, | town, or co | unty) | (Stote) |
| KE/ | AOVAL (Specify | | | LIEGT DADY C | 1773 (WW) T3 T3 T3 T | OT TY | ET AND | 077 | TO. | |
| 244 | BURIA | L 4-2-66 BY HEALTH DEPT. | | WEST PARK C | 24C. FUNERA | | ELAND, | OH. | DRESS | |
| | | | | | | 2 | | | | |

VS 151-REV. 1/1/65

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #29



Office Chief Medical Exam.

24C. FUNERAL DIRECTOR

2/22/66

24B, NAME OF REGISTRAR

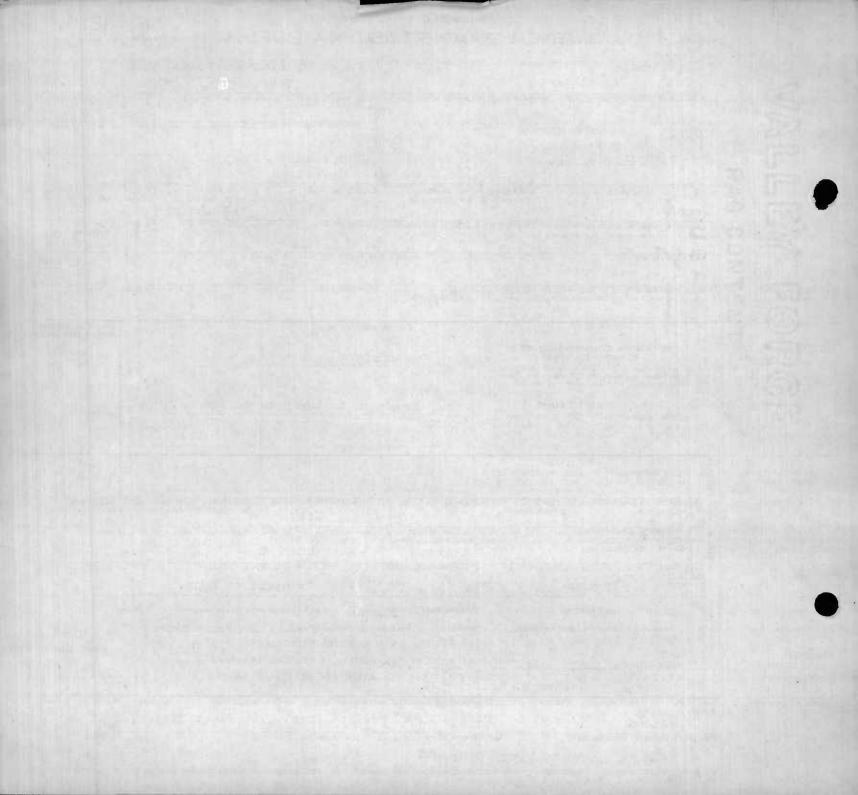
Cremation

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

700 Fleet Street, Baltimore, Md.

ADDRESS



IMPORTANT

DIRECTOR:

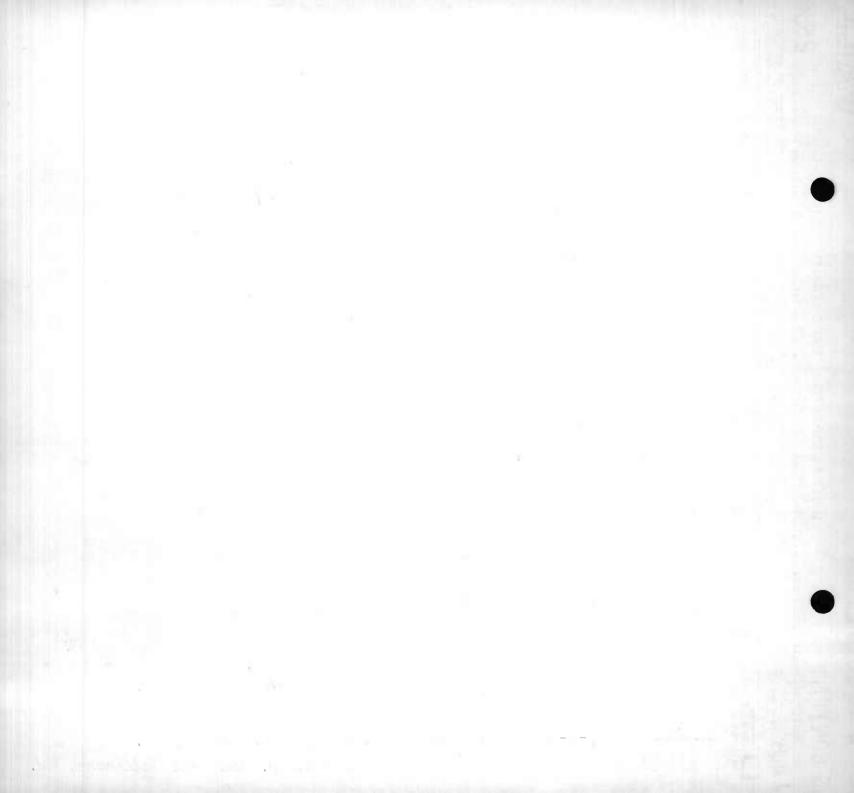
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| | BALTIMORE CIT | TY HEALTH DEPARTMENT |
|-------|---|---|
| | IRTH NO. A.E. CASE NO. CERTIFICA | ATE OF DEATH Registered 496 13212 |
| 1. | A.E. CASE NO. NAME OF DECEASED | 2. DATE AND HOUR OF DEATH |
| (T | NAME OF DECEASED Type or Print) ANNA Me CARTHY PLACE OF DEATH IN BALTIMORE, MARYLAND | 3-29-1966 3:30 P. |
| 3. | | |
| | FILLI NIABAR OF Miles to be stand a testinal | A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL (and give township) BALTIMORE |
| | FULL NAME OF (If not in hospital or institution, give street address or location) | C. CITY OR TOWN (If outside city limits, write RURAL and give township) |
| | INSTITUTION LITTLE SISTERS OF THE POOK | BALTIMORE |
| 1 | 1200 VALLEY STREET | D. STREET ADDRESS (If rural, give location) |
| | BALTIMORE MARYLAND 21202 | 1200 VALLEY STREET |
| s. | SEX 6. RACE 7. MARRIED, NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. If Under 24 H Months; Days Hours; Min. |
| | FEMALE 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify) WIDOWED 6. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRONE during most of working life, even if retired) | 9-2-1880 ost birthdoy) 76 Months Doys Hours Min. |
| 10 | JA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| do | | BALTING MARKED // S. A. |
| 13 | HOUSEWIFE 3. FATHERS NAME | BALTIMORE, MARYLAND V.S.A. |
| | 4 | |
| 1.0 | GEORGE WACHTER 5. Was Deceased Ever in U. S. Armed Foices? (es, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. | AGNES BETZ |
| (Y | 5. Was Deceased Ever in U. S. Armed Foices? (es, no of unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT LITTLE SISTERS OF THE POOR BALTIMORE, N |
| | No | LITTLE SISTERS OF THE POOR BALTIMORE, A |
| | 18. 260X I CAUSE | OF DEATH |
| | | ONSET AND DEATH |
| | LEADING TO DEATH | @\$510c myocandisof |
| | (This daes nat mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, | Dea beler meelster |
| | injury or complication which coused death.) | Dea Cela mellitus |
| | 501.10 | |
| | DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) | |
| | UNDERLYING CONDITION last. | *************************************** |
| | II . | |
| ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| | | |
| 71217 | 194. DATE OF OPERATION WAS PERFORMED | 20 A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 103 | 21 A. ACCIDENT WAS UNDERLYING | |
| | 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY le.g., home, form, foctory, street, etc.) | in at about 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR? |
| - | <u> </u> | |
| AAED | 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED | 21 F. HOW DID INJURY OCCUR? |
| 4 | Kot Wile At Not Wile At Work At Work | k |
| | 22. I certify that (I) (this hospital) attended the deceased from | 1965 10 March 29 1966 |
| | that (1) (we) last sow the deceased alive an March 2 | 9 19 66 and that in (my) (our) opinion death occurred on the d |
| | ond hour ond from the couses stoted obove. (I) (We) (did) (did not) | 4 |
| | 23A. SIGNATURE | 238, DATE SIGNED |
| | Honlied Cham Lat M.D. A | Hending Med. Stoff 2 30.61 |
| | There of | 133D ADDRESS |
| | 23C. PHYSICIAN'S NAME (Type) | 1000 Win 0- B M |
| _ | STANLEY HNKUDAS M.C | |
| 24 | 4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C | REMATORY 24D. LOCATION (City, town, or county) (State) |
| 6 | burial 4-2-66 Sacred Heart | Cemetery Baltimore, Md. [25C. FUNGAL DIRECTOR ADDRESS |
| 25 | SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR | 2SC. FUNERAL DIRECTOR ADDRESS |
| | MAR 30 1900 Global C. | Leonard J. Ruck Inc Baltimore, Md. |
| 100 | S 150-REV. 1/1/6S | |



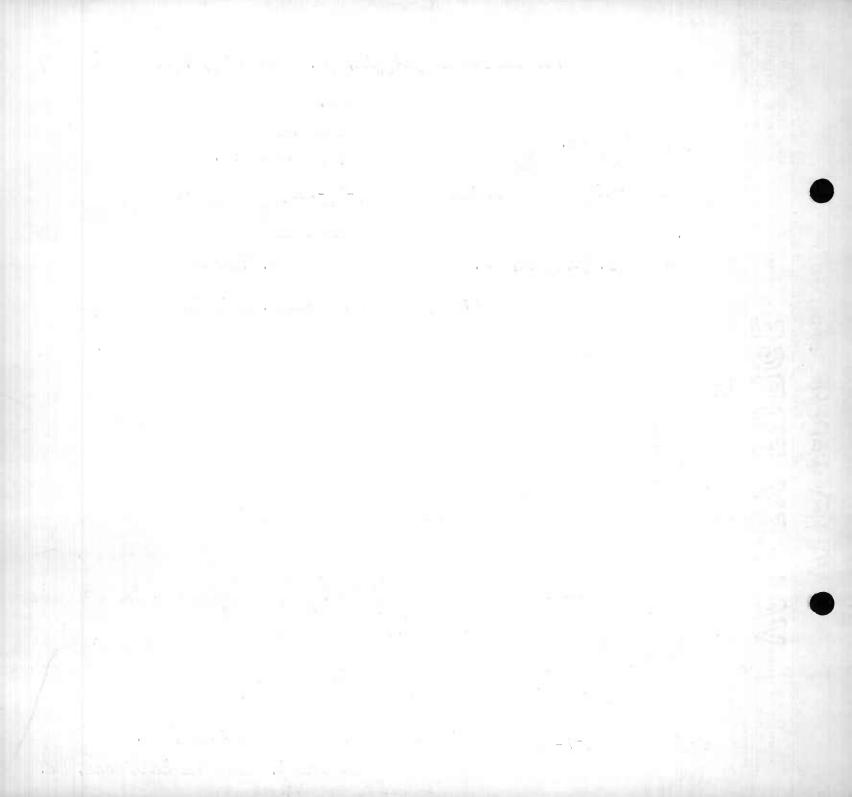
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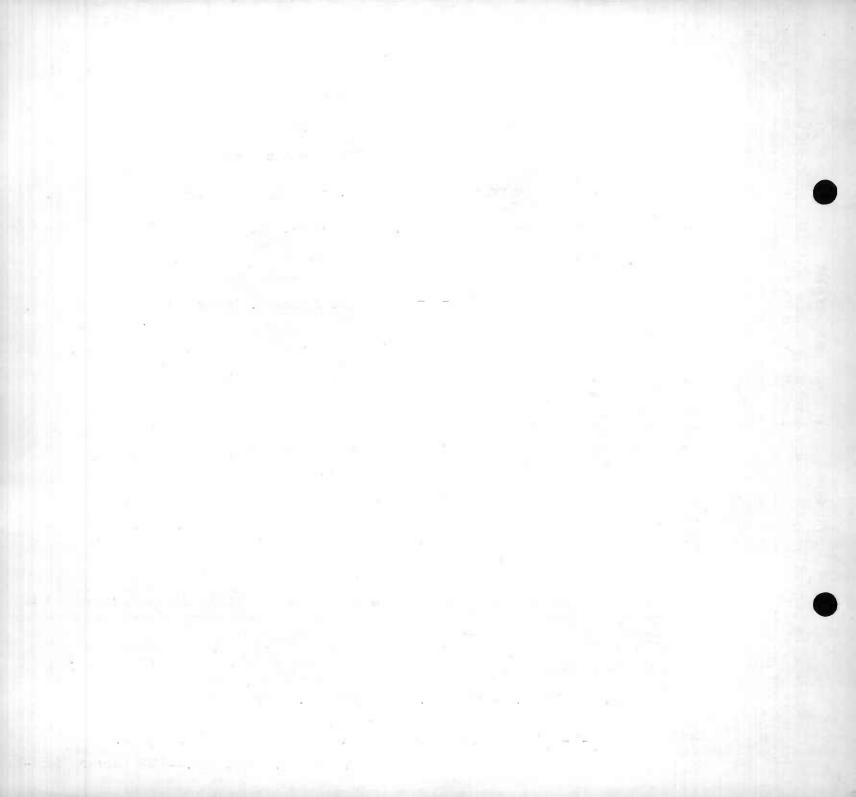
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



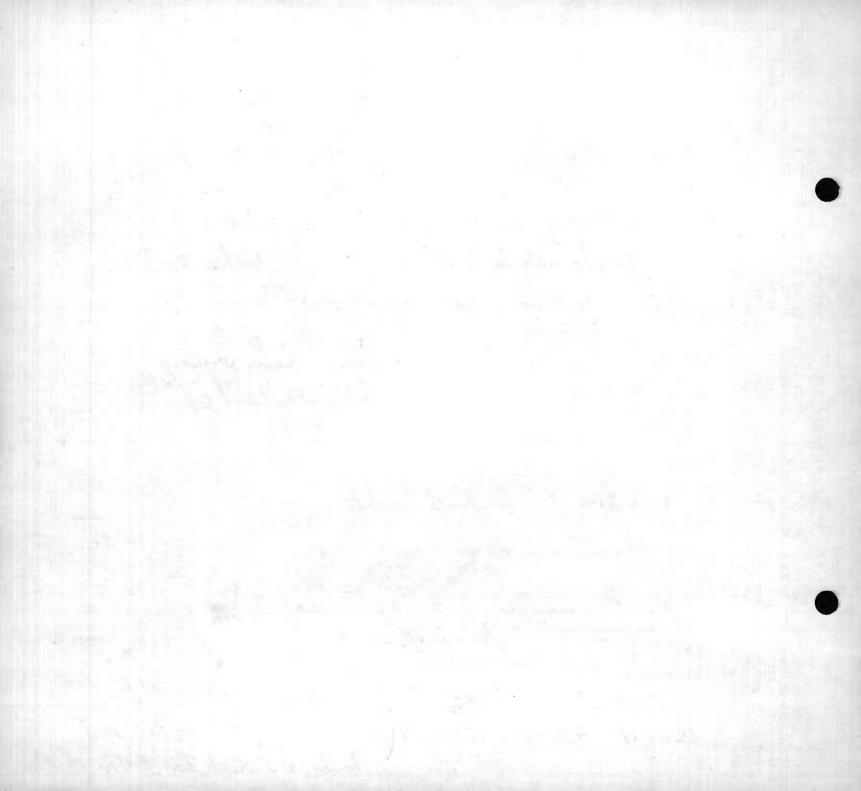
| ype or Print | DECEASED GEORGE | N | CALAHAN | March 29, 1966 | |
|--|--|--|---|--|---|
| FULL NAPHOSPITAL | OR oddress or location | or institution, | | 4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Maryland | If institution: residence before admission |
| SEX | 6. RACE | | NEVER MARRIED D, DIVORCED (specify) | 8. DATE OF BIRTH 9. AGE (In years | If Under 1 Yr. If Under 24 Hr. Months; Doys Hours; Min. |
| male | white | marri | ed | Aug. 2, 1909 | Wolling Boys Hools Williams |
| one during m | OCCUPATION (Give kind of work ost of working life, even if retired) & Die maker | | Business or industry Martin Co. | Pittsburg, Pa. | 12. CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S | | CITOIL II. | Hai win co. | 14. MOTHER'S MAIDEN NAME | USA |
| | ge L. Calahan | | | Lula | |
| . Wos Dece es, no or uni | eased Ever in U. S. Armed For known)(If yes, give wor or dote | ces? | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| no | | | 167-10-6539 | Mrs. Janice W. Calahan | 5724 Fenwick Ave |
| (This do | ISEASE OR CONDITION DII LEADING TO DEATH oes not meon the mode of ilute, osthenio, etc. It meons | dying, e.g., | (A) DUE TO | arcinoma of Lu | onset and death 3 moss. |
| DISEASE | r complication which coused ANTECEDENT CAUSES ES OR CONDITIONS, if the obove couse (A) LYING CONDITION lost. | deo1h.) ony, giving | (B) DUE TO | al tolermal Metas | tases |
| DISEASE is to UNDERLY TO THE TO THE DISEASE | ANTECEDENT CAUSES ES OR CONDITIONS, if the obove couse (A) | deoth.) ony, giving stoling the | (C) | al tolermal Metas | 48 hrs. |
| DISEASE is to UNDERLY TO THE TO THE DISEASE | r complication which coused ANTECEDENT CAUSES ES OR CONDITIONS, if the obove couse (A) LYING CONDITION lost. II SIGNIFICANT CONDITIONS CAUSING I | ony, giving stoling the CONTRIBUTING ATED TO THIS. | (C) | [20A. AUTOPSY? (Yes or No)] 20B, IF YES, WI | 48 Ara. ERE FINDINGS CONSIDERED CAUSES OF DEATH? |
| DISEASE TO THE TO THE DISEASE TO THE | ANTECEDENT CAUSES ES OR CONDITIONS, if on the obove couse (A) LYING CONDITION lost. II SIGNIFICANT CONDITIONS COME DEATH BUT NOT RELATE OR CONDITION CAUSING ITE OF OPERATION 198. CON TE OF OPERATION 198. CON | ony, giving stoling the SONTRIBUTING TO THE TO THE TO THE TOTAL TO THE TOTAL T | WHICH OPERATION PLACE OF INJURY(e.g., in e., form, foctory, street, of | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING | 48 Ars. ERE FINDINGS CONSIDERED CAUSES OF DEATH? Simore City, give exact location) |
| DISEASE rise lo UNDERL OTHER TO TH DISEASE 19A. DAT OR CON | ANTECEDENT CAUSES ES OR CONDITIONS, if the obove couse (A) LYING CONDITION Iosi. SIGNIFICANT CONDITIONS CAUSING THE DEATH BUT NOT RELATE OR CONDITION CAUSING THE OF OPERATION THE OPERATI | ony, giving stoling the SONTRIBUTING TO THE TENTE TO THE | WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, of the form) INJURY OCCURRED INJURY OCCURRED Not While | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING n or obout 21C. WHERE DID (If in Boltifice bldg., INJURY OCCUR? | CAUSES OF DEATH? |
| OTHER TO THE DISEASE OR CON CON DEATH (1) and hau 23A. SIGN | ANTECEDENT CAUSES ES OR CONDITIONS, if the obove couse (A) LYING CONDITION lost. SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELATED TO THE OF OPERATION 198. CON WAS PER CONDITION CAUSING TE OF OPERATION 198. CON WAS PER CONDITION CAUSING TRIBUTING CAUSE OF (notify medical examine) LE (Month) (Doy) (Year) Ortify that (I) (this hespital (we) last saw the decease or and fram the causes starting that the cause sta | ony, giving stoling the CONTRIBUTING THE TO THE TENTE TO THE TENTE TO THE TENTE THE TE | PLACE OF INJURY (e.g., in the deceased fram | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WI IN CERTIFYING To or obout 21C. WHERE DID (If in Boltifice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? | more City, give exact location) March 29 1966 apinian death accurred an the d 238 DATE SIGNED 3-29-66 |



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| FUNERAL DIRECTOR: IMPORTANT | approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made. |
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| | nis certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eccased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such ritten approval must be obtained before the remains are embalmed or final disposition is made. |
| | |

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 66 113215 Registered Na BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2, DATE AND HOUR OF DEATH (Type or Print) Bob 3-29-66-3. PLACE OF DEATH IN BALTIMORY MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If melitribon: residence before admission)
A. STATE
B. COUNTY Md. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or logation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS (If rurol give location) 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Ulever i con many mich 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KEDERI 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 01-2180 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 29 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Ill enemy 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Wark At Work 22. I certify that (1) (this hospital) attended the deceased from 19 66 19 and that in (my) (aur) apinian death accurred on the date that (1) (we) last saw the deceased alive an and haur and from the causes stated abave. () (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED MINTE IM.D. Altending Phys. Med. Staff Director Phy s. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS サポード マカラ

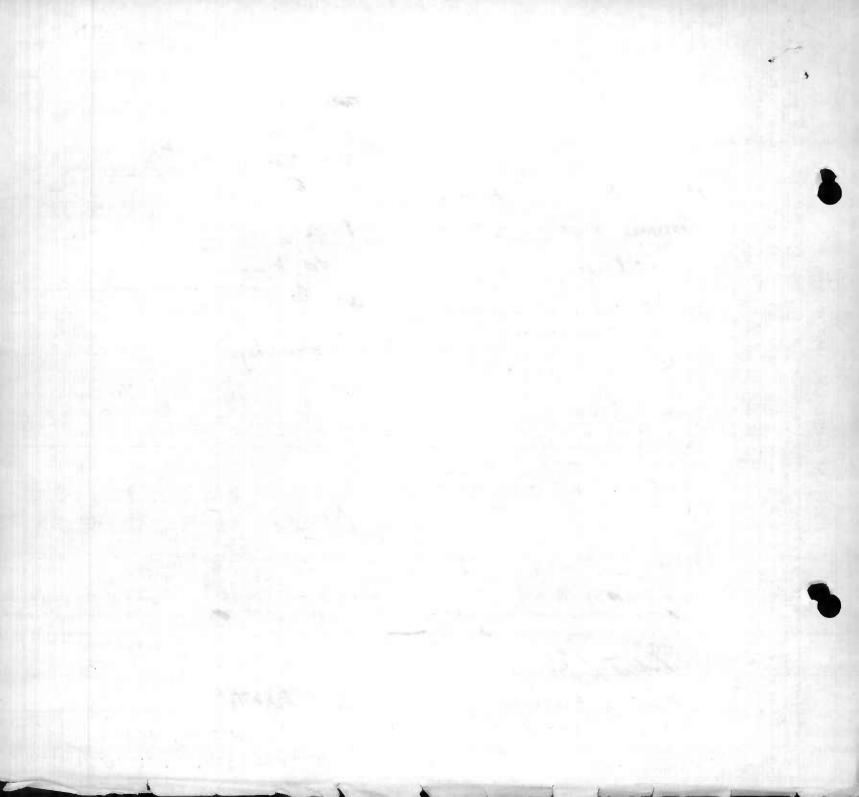


| 66 (3216) | BALTIMORE CITY | HEALTH DEPARTMENT | (| 11 0000 |
|---|-----------------------------|-------------------------------|---------------------------|---|
| SIKIII IIO, | CERTIFICA | TE OF DEATH | Registered No. | 6 13216 |
| M.E. CASE NO. 1. NAME OF DECEASED 4 2.4 | | | NO HOUR OF DEATH | |
| (Type or Print) Theo dere Harr | 4 Ries T | 1.0 | vch 29,1 | 9661 2:30 A. |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | , , , , | 4. USUAL RESIDENCE (Whe | re deceased lived. If ins | stitution: residence before odmission |
| | | A. STATE B. COUN | ar. | 4 |
| FULL NAME OF (If not in hospital or institution, oddress or location) | , give street | 11204/200 | | 02 |
| INSTITUTION | | 1 - 1- | | URAL ond give township) |
| 1 110 | // | D. STREET ADDRESS (III | rurol, give location) | |
| The Union Memorial | Hospital | 1618 82/1 | 11/1 | Poad |
| | D. NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | |
| M- /a WIDOW | ED, DIVORCED (specify) | =100/0 | lost birthdoy) | If Under 1 Yr. If Under 24 Hr Months Doys Hours Min. |
| OA. USUAL OCCUPATION (Give kind of work 10 B, KIND C | rried | 5/22/90 | 73 | |
| one during most of working life, even if retired) | DE BOZINEZZ OK INDOZIKI | 11. BIRTHPLACE (Stote or fore | (gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| Ret. Sheet Metal Worker | | Mary/and | | U.S.MI |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| Theodora Harry R. | 6.56. | Vnknown | | |
| 5. Was Deceased Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| Yes, no or unknown) (If yes, give wor or dotes of service) | SECURITY NO. | h1 - 4 | 0. | - |
| no | 275329327 | Marion Mi | Kies S | rue as above |
| 1B. 4 | CAUSE O | F DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
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| heart failure, asthenia, etc. It means the disease | , DOE 10 | 4 | | |
| injury ar camplication which caused death.) | + | FCCVD | | |
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| DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the | | | | |
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| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED | WHICH OPERATION | 20A. AUTOPSY? (Yes or No | 10 208. IF YES, WERE FI | |
| NASTERIORIES | | 200 | IN CERTIFING CAU | SES OF DEATH: |
| OR CONTRIBUTING CAUSE OF | B. PLACE OF INJURY (e.g., i | n or obout 21 C. WHERE DID | (If in Boltimore | City, give exoct locotion) |
| DEATH (notify medical examiner) | | mee stage, mes an accor. | | |
| | E. INJURY OCCURRED | 21 F. HOW DID INJ | URY OCCUR? | |
| | hile At Not While | e | | |
| W | ork At Work | | | |
| 22. I certify that (1) (this hospital) attended | 1. | | 19 66 to MA | |
| that (we) lost sow the deceased alive on. | 17xxch 2 | 9 19 66 and th | ot in (our) opin | ion deoth occurred on the do |
| ond hour and from the couses stated above. | | | | |
| 23A. SIGNATURE | 0 | | | 23 B. DATE SIGNED |
| A.c.C. Tilaten | M.D. Atte | ending Med. | Stoff 6 | 3/29/66 |
| 23C. PHYSICIAN'S | Phy | s. Director 23D. ADDRESS | Phy s. | 3/2/100 |
| ANCEL C. TIPTON, JE | | | ORIAL HOSP | ΙΤΔΙ |
| | NAME of CEMETERY OF CR | | | |
| REMOVAL (Specify) | | | | (Stote) |
| 5A, DATE REC'D BY HEALTH DEPT. 258, NAME | of REGISTRAR | Park B | altimore, 1 | Nd. ADDRESS |
| MAR 30 1966 M. D. S. E. ST. | Court line | Leonard O | Ruch and | Baltimore, Md. |
| MAK 00 1200 GWOOD | | Leonald J. | TUCK SILC I | baccanore, ma. |
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VS 150-REV. 1/1/65



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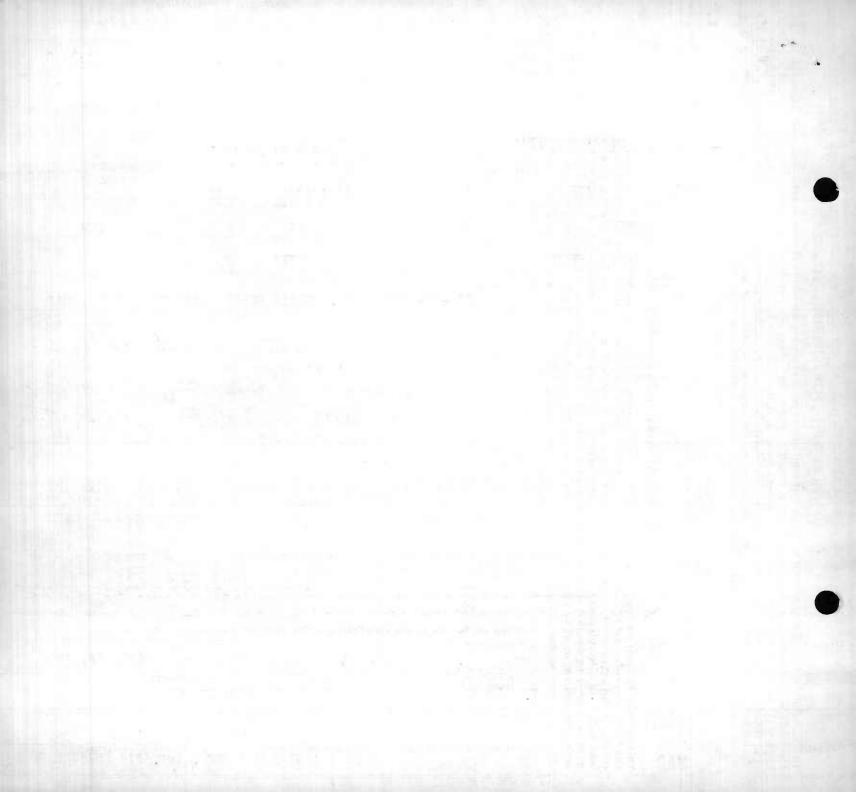
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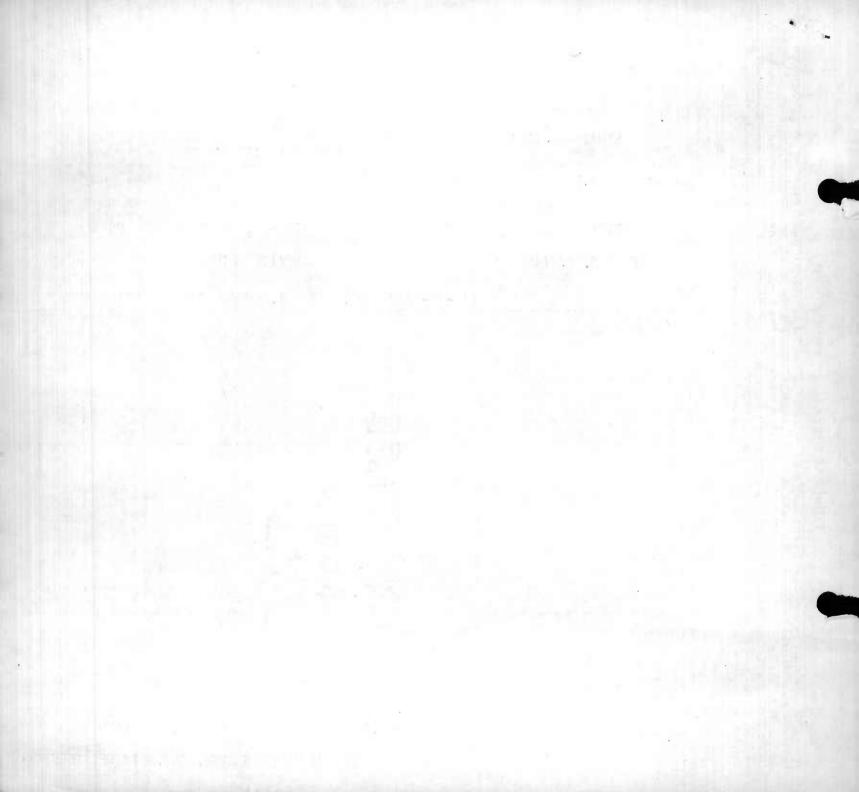
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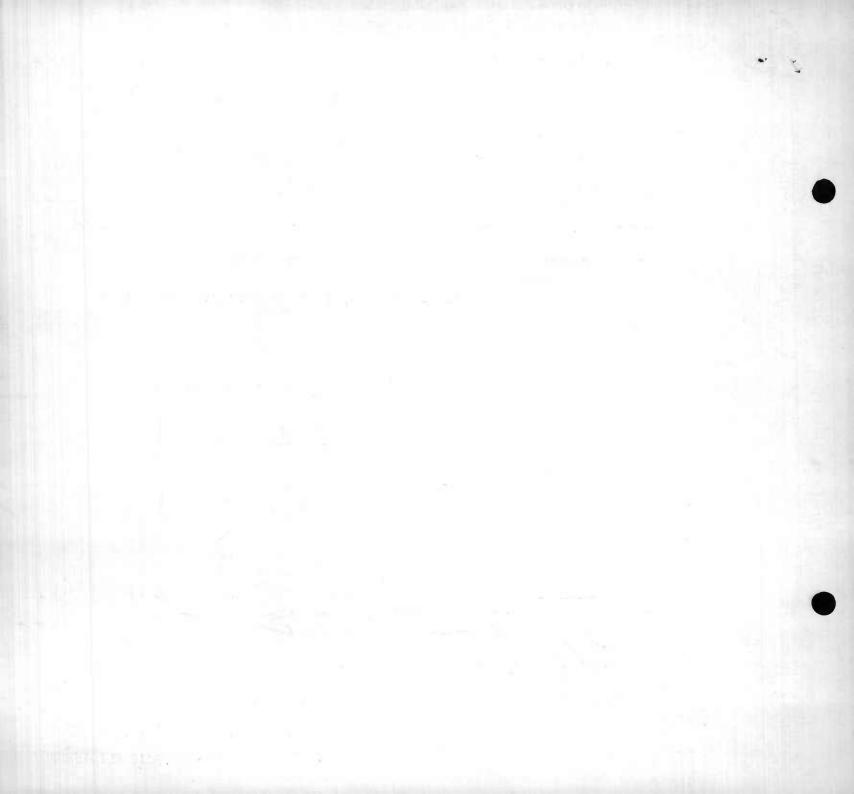


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DIRECTOR:

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VS 150-REV. 1/1/65



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BIRTH NO.

IMPORTAN

FUNERAL DIRECTOR:

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 2

If Under 24 Hrs.

Haurs !

WHAT COUNTRY?

USA

ADDRESS

INTERVAL BETWEEN

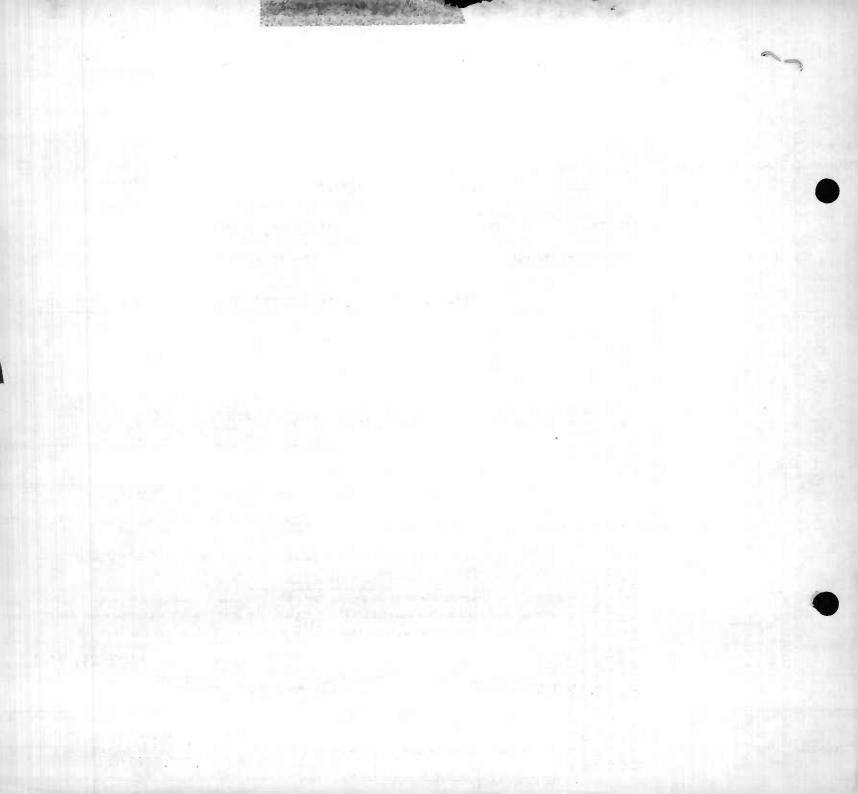
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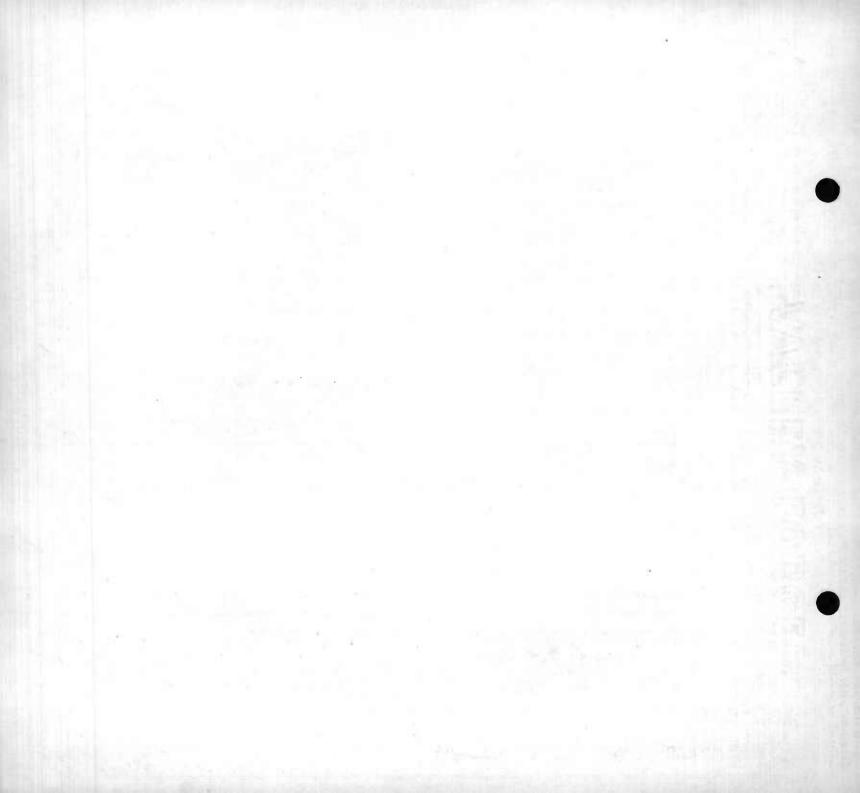
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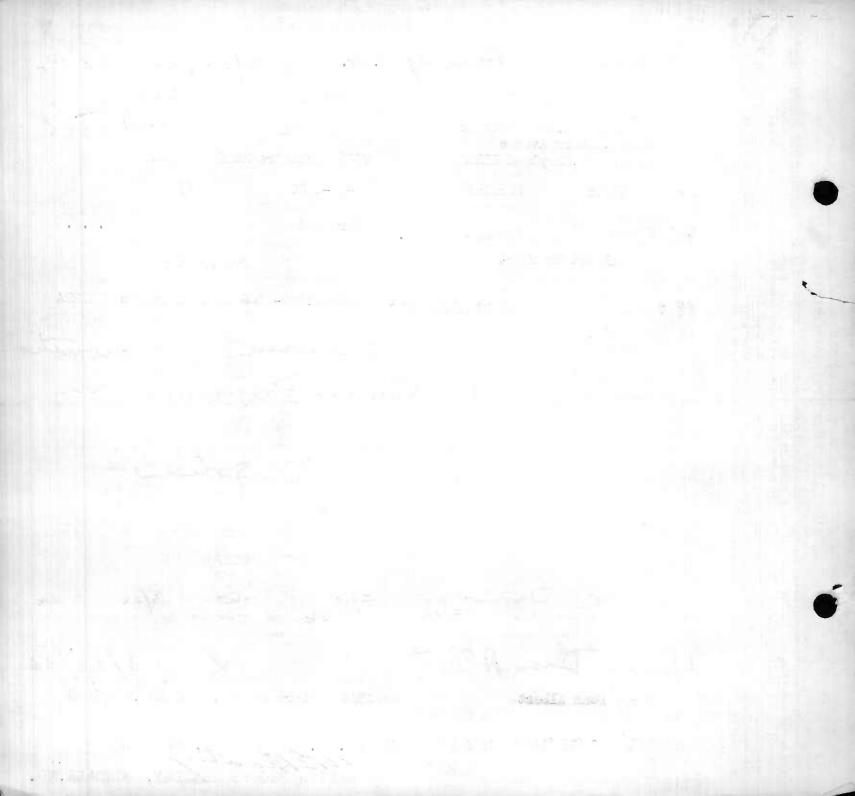


| Ed Marce age | 1. | Y HEALTH DEPARTMENT | 6 | C 60005 | | | |
|---|--|--|-------------------------------|--|--|--|--|
| M.E. CASE NO. 13366 132 | CERTIFICA | ATE OF DEATH | Registered No. | 0 113660 | | | |
| 1. NAME OF DECEASED (Type or Print) MILL | ER BABY BOY | 3-25-6 | HOUR OF DEATH | 9:00P | | | |
| 3. PLACE OF DEATH IN BALTIMORE, MA | ARYLAND or institution, give street | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (II outside city limits, write RURAL and give township) GLEN BURNIE D. STREET ADDRESS (If rural, give location) 225=KUETHE ROAD | | | | | |
| HOSPITAL OR oddress or locotic | | | | | | | |
| ST. AGNES HOSPIT | AL | | | | | | |
| 5. SEX 6. RACE WHITE | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) | B. DATE OF BIRTH 9. | AGE (In years st birthdoy) | Months Doys Hours Min. | | | |
| idA, USUAL OCCUPATION (Give kind of wordone during most of warking life, even if retired) | LIOB, KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Stole or loreign MARYLAND | country) | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | E | | | | |
| JOHN | | PHYLLIS SALLE | Y | | | | |
| 5. Was Deceased Ever in U. S. Armed Fo Yes, no or unknown) (II yes, give war or dat | ices? 16. SOCIAL | 17. INFORMANT | | ADDRESS | | | |
| res, no or unknown (ii yes, give war or dat | es of service) SECURITY NO. | ST. AGNES REC | ORDS - W | ILKENS AND CATO | | | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING | any, giving stating lhe (C) | Juneaura | 7 | | | | |
| 19A. DATE OF OPERATION 198. COM | NDITION FOR WHICH OPERATION REFORMED | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? | | | | | |
| OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) | 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) | in or obout 21C. WHERE DID office bldg., INJURY OCCUR? | (II in Boltimore | e City, give exact location) | | | |
| 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) | | While | | | | | |
| | 1) ottended the deceosed fram | | | ARCH 25 19 66 inlon deoth occurred on the do | | | |
| 23A. SIGNATURE 23B. DATE SIGNED 3 2 7 66 23C. PHYSICIANS NAME (Type) LUN INGNING ALDABA M.D. ST AGNES HOSP. WILKENS & CATON | | | | | | | |
| 24A. BURIAL CREMATION, 24B. DATE | 24C. NAME of CEMETERY OF C Baltimore | | | (Stote) ADDRESS | | | |
| MAR 31 1900 U[0/200 | 1 | Mulyke +. | A. 410 | 1 comments | | | |

171 40 1 1 1 6 a Market - Jakan . Cinquistery a him your aminturaly. demonstrated by the second

| 12- | - 346 | | BALTIMORE CITY HEALTH DEPARTMENT | 66 03226 |
|----------|---|-----------|---|---|
| V | Pere | | H NO. 66 03226 CERTIFICATE OF DEATH Registered No | 111111111111111111111111111111111111111 |
| | death death eased n the Such | 1, N | AME OF DECEASED 2. DATE AND HOUR OF DEATH | 4.5 |
| | P d d | | LACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY B. COUNTY B. COUNTY | Ilitution: lesidence before admission) |
| | in a hospi ng cause o cause; (5) D attendance ior to deat | l H | ULL NAME OF (If not in hospitol or institution, give street oddress or locotion) OSPITAL OR OTHER OF (If not in hospitol or institution, give street oddress or locotion) C. CITY OR TOWN (If outside city limits, write R | Lasterel |
| | l in a hosp ng cause cause; (5) attendanc ior to dec | 16 | D. STREET ADDRESS (If wool, give location) | 62.00 |
| | D := T | - | 1 O DOX. | (OAKMOUT ROAD) |
| • | occurre ontribut erminec regular eased p | 5. S | WIDOWED, DIVORCED (specify) 12/4/16 lost birthdoys | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| | th collete | done | USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | Po o o | | excloper-Real Estate Construction Pennsylvania FATHER'S NAME 14. MOTHER'S MAIDEN NAME | USA |
| | rect (4) Ur was the isposit | | | |
| 7 | F - 41 | 15 1 | Nos Deceosed Ever in U. S. Armed Forces? Nos Orunknown) (If yes, give wor of dotes of service) SECURITY NO. 17. INFORMANT (W. F.) 879-2475 | ADDRESS |
| ORTAN | sistant the di kind; death nce on final di | (Yes | Robert Britler Nos Deceosed Ever in U. S. Armed Forces? No or unknown) (If yes, give wor or dates of service) NO 187-07-4128 Mrs. NEdra A. Beitler F | 30. Box # 14 And And |
| <u>o</u> | if if | | 18.5 8 / , O I CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| M | er. Also, icture of an pronounce lar attend | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | |
| _ | niner or I niner. Als fracture o o pronou gular att | | This does not mean the mode of dying, e.g., heart failure, ashlenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES (A) DUE TO F 5 0 p 1 2 9 8 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| OR | acturacturacturacturacturacturacturactur | | injury at camplication which caused death.) | V |
| 5 | xami kamii A fr who regu | | ANTECEDENT CAUSES (B) DUE TO | |
| RE | 0 0 0 | | DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. | |
| AL D | medica nedica burns hysici n was | ATION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| NER | by a m 2) Body re the p physicia | CERTIFIC/ | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN CERTIFYING CAL | INDINGS CONSIDERED |
| 5 | the (2) ph | | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 c. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? DEATH (notily medical examiner) (II in Baltimore bldg., INJURY OCCUR?) | My, give exoct locotion |
| | | | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY | |
| | the hosp ny natur except w and (6) | | (APPROX.) While At Not While At Work | , |
| | | | 22. I certify that (1) (this haspital) attended the deceased from 3/2 5 19 66 to | 0/28 1966, |
| | of of al (al (be | | that (I) (we) lost sow the deceased alive on 2/28 19 6 and that in (my) (aur) apir | nian death accurred on the date |
| | 0 71 + + - | | and hour and from the causes stated above. (I) (We) (did) (did_net) view the body after death. | 238, DATE SIGNED |
| | S D D D E | | M.D. Attending Med. Stoff | 3/28/26 |
| | | | 23C. PHYSICIAN'S NAME (Type) HUDSON FESCHE 23D. ADDRESS | 772 70 |
| | was r An a Prior | | Hodson Fesche M.D. THE UNION MEMORIAL | JOCD |
| | body was vs: (1) An D.O.A. at ased pric | 24A | BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Cit | ly, town, or county) (State) |
| | Sod No. | 1 | BuriAl MAR. 31, 1966 Woodlawn CEMETERY HILENTOWN, LE | Aichupeuc |
| | This certif the body shows: (1) was D.O./ deceased | 25A | DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C TUNERAL DIRECTOR TUNERAL DIRECTOR | ADDRESS BOL AND |
| | F # N \$ 0 \$ | 1 | | illiams al md. |
| | | A 2 | 150-REV. 1/1/65 | |

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death.

BIRTH NO.

M.E. CASE NO.

FULL NAME OF

HOSPITAL OR

INSTITUTION

Male

13. FATHERS NAME

OF INJURY

(APPROX.)

23A, SIGNATURI

23C. PHYSICIAN'S

VS 150-REV. 1/1/65

NAME (Type)

5. SEX

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT Registered Na 66 112228 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before B. COUNTY John J. Fenton 12:30 A.M. 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore 3419 Woodland Ave. D. STREET ADDRESS (If rural, give location) 3419 Woodland Ave. If Under 1 Yr. 7. MARRIED, NEVER MARRIED 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours White Oct. 3, 1885 Widower 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rail Road Railway Clerk Berryville, Virginia 14. MOTHERS MAIDEN NAME Thomas J. Fenton Katherine Kain 17. INFORMANT ADDRESS SECURITY NO. Miss Agnes C. Fenton, 4 East 32nd. St. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) No DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examined) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

While At Not While Work At Work 22. I certify that (1) (this haspital) attended the deceased fram... that (1) (last saw the deceased alive an. and that in (wy) (our) apinian death occurred an the date and haur and from the causes stated above. (1) (Not did) (dtd not) view the bady after death. 23B, DATE, SIGNED Attending D MM.D. Med. Stoll 23D. ADDRESS Earl L. Chambers, M.D. 4108 Liberty Heights Ave. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Md. Cathedral Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

Temmon 4611 Park Heights Ave.

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the body was released eceased o å SID 30

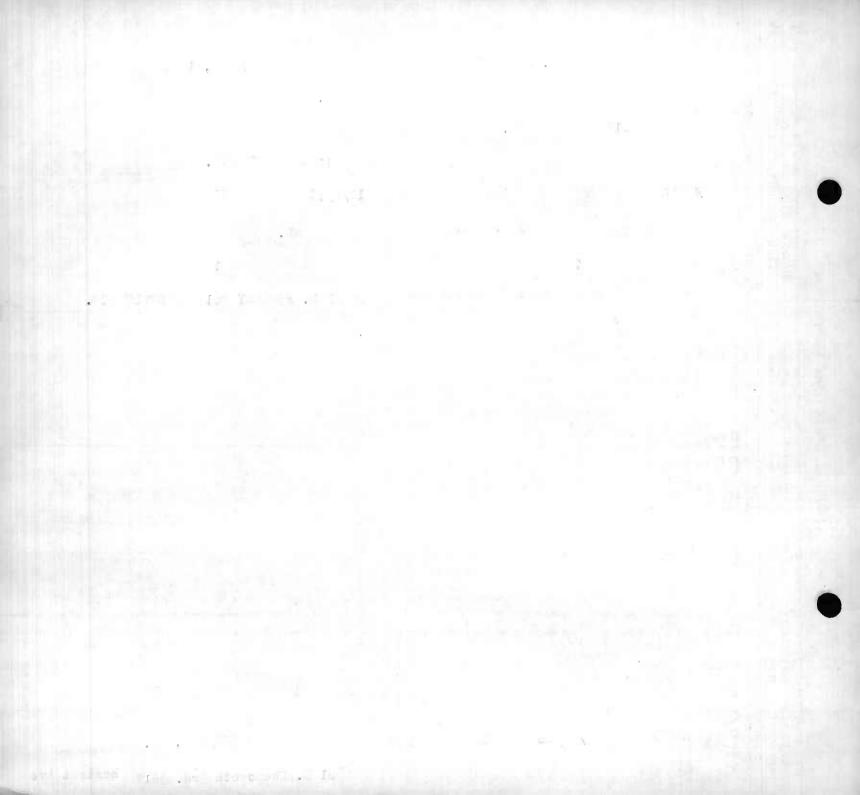
BURIAL

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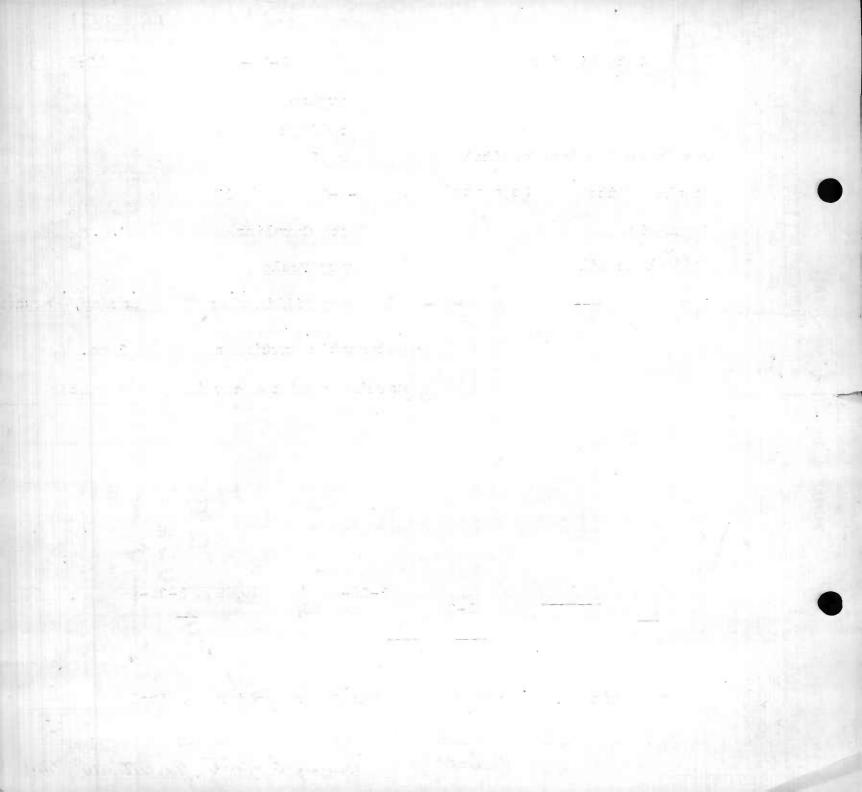
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS E. Cheneweth 3rd. 3617 Chestaut Ave VS 150-REV. 1/1/65

LORRAINE PARK

BALTIMORE, MD.



SEVIE CHANGE YSSBOALD SA



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3-91-66 HILLEREST AUMPOLIS PLEASUR 1-10

| | | 3233 | CERTIFICA | ATE OF DEATH | Registered No.5 | 03603 |
|--|--|--|--|--|----------------------------|--|
| | CASE NO. | | | | D HOUR OF DEATH | |
| | | 1.FF | KING | 2. DATE AN | | 1030× |
| 3. PL | LACE OF DEATH IN BALTIMORE | MARYLAND | MINUT | 14. USUAL RESIDENCE (When | -28 -66 | litution; residence before odn |
| | | | | A. STATE B. COUN | TY TY | A A A |
| | ULL NAME OF (If not in hospit | tof or institution, | give street | IIId 0 | 3-42-TO | 2/03 |
| | OSPITAL OR oddress or local STITUTION | tion) | | C. CITY OR TOWN (If out | side city limits, write RI | URAL ond give township) |
| | 5 (1) 4 | | | BALTO | | |
| 0 | SINAI HO | osp op | BALTO | D. STREET ADDRESS (If | rurol, give location) | , |
| | | | | 829 W. | Cross St | |
| 5. SE | 1- | | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 2 |
| | FW | WIDOWED | D, DIVORCED (specify) | 4-4-13 | lost birthdoyl 5-2 | Months Doys Hours |
| 10A. L | USUAL OCCUPATION (Give kind of w | ork 10B, KIND OF | BUSINESS OR INDUSTR | | | 12. CITIZEN OF |
| | during most of working life, eyen if retire | | | | gii coomiyi | WHAT COUNTRY? |
| 12 | me- will | _ | | Va | | USA |
| 13. F | ATHER'S NAME | P | | 14. MOTHER'S MAIDEN NA | ME | |
| | tranh m. | AFRINA | , | annie Le | e Land | _ |
| 15. W | as Deceased Ever in U. S. Armed | Forces? | 1 6. SOCIAL | 17. INFORMANT | - mus | ADDRESS |
| Yes, | no or unknown) (If yes, give wor or d | lotes of service) | SECURITY NO. | | | |
| | | | 220-24-708 | 3 HARRY W W | ALEN | SINAI HOS, |
| 1 | 18. 1 4 4 X 1 | | | OF DEATH | y. F | INTERVAL BETWEE |
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| | heart failure, asthenia, etc. It mea injury or complication which caus | | | OF OR | ar carrid | |
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| | ANTECEDENT CAUS | | (B) DUE TO | *************************************** | | |
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| ATION | DISEASES OR CONDITIONS, it is not to the above cause (A UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING | f ony, giving A) stating the CONTRIBUTING ELATED TO TH | CO | F SURGERY | 1 26B (F. V.C. MCD. F. | 10 month |
| ATION | DISEASES OR CONDITIONS, it is to the above cause (A UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. CO | f ony, giving A) stating the CONTRIBUTING ELATED TO TH | (C) | | 208. IF YES, WERE FI | 10 month. |
| ERTIFICATION | DISEASES OR CONDITIONS, it is to the above cause (A UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. COMMAN 1965 | f ony, giving the CONTRIBUTING ELATED TO THE GIT. DINDITION FOR VERFORMED | GE PALLIATIV | SURGERY 20A. AUTOPSY? (Yes of No | IN CERTIFYING CAU | SES OF DEATH? |
| L CERTIFICATION | DISEASES OR CONDITIONS, in the latest term of the l | f ony, giving A) stating the CONTRIBUTING ELATED TO TH GIT. DINDITION FOR V ERFORMED 218. | G PALLIATIV WHICH OPERATION N PLACE OF INJURY (e.g., | F SURGERY | IN CERTIFYING CAU | MOMONTA, INDINGS CONSIDERED SES OF DEATH? City, give exact locohon) |
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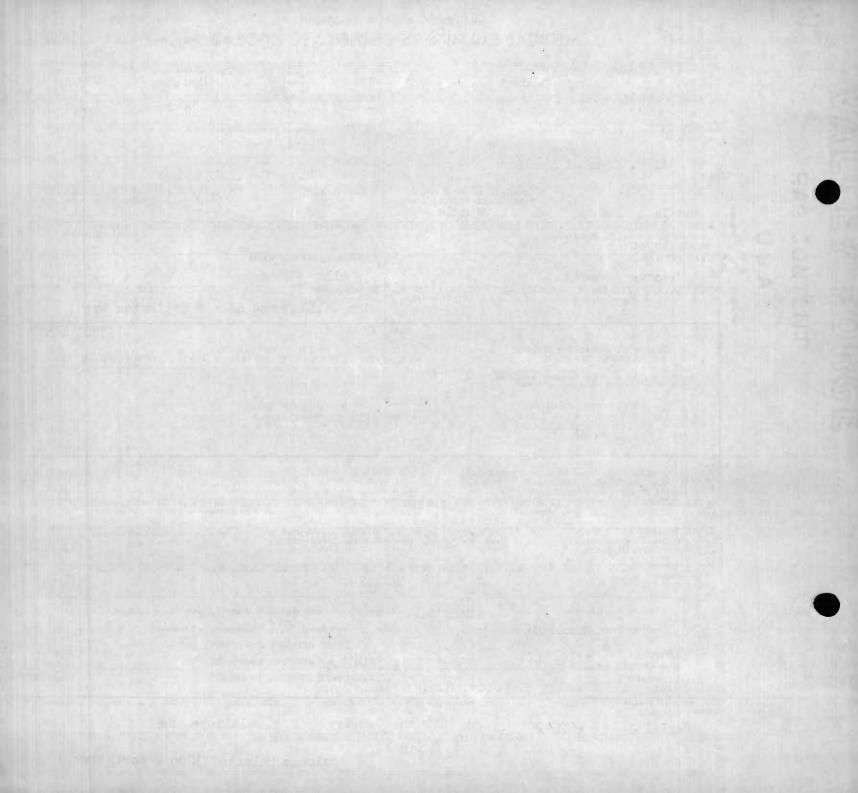
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| 46-29- JJ | -63] | BIRTH | 0 50N | 0 66 113 | 234 | CERTIFICA | | | Registered No. | 66 032 | 234 |
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| | death death cease on the | 1. N. | CASE NO. | CER SENIA | NNINGS | G. MOSER SR. | | | 3/29/66 | | 8:20 Pm. |
| | spita of of ce ce sath. | | FULL NAME DF (If not in hospital or institution, give street oddiess or location) INSTITUTION BALTIMORE CITY HOSPITALS A940 EASTERN AVENUE BALTIMORE, MARYLAND 21224 | | | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. CDUNTY MARYLAND | | | | | |
| | n a horozeitse; (5) | | | | | C. CITY OR TOWN (If outside city limits, write RURAL ond give township) BALTIMORE D. STREET ADDRESS (If rurol, give location) | | | | | |
| | oved by the chief medical examiner or his assistant if death occurred is hospital by a medical examiner. Also, if the direct or contributing nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined careept where the physician who pronounced death was in regular at (6) No physician was in regular attendance on the deceased priorianed before the remains are embalmed or final disposition is made. | | | | | 3309 FLEET STREET #21224 | | | | | |
| TANI | | | MALE | WHITE | Marri | D, NEVER MARRIED ED, DIVORCED (specify) CO OF BUSINESS OR INDUSTRY | 10-26-0 | 0 | 9. AGE (In years lost birthday) 65 | Months Doys | If Under 24 Hrs. Hours Min. |
| | | done | ire Dep | vorking life, even if refired) | | ore (ity | Maryland | d | | 12. CITIZEN OF WHAT CO | UNTRY? |
| | | | John R. Moser 11 | | | Susan A | | ME | | | |
| | | (Yes, | os Deceased no or unknown) | Ever in U. S. Armed Fo (If yes, give wor or date 4-23-19 4-2 | es of service) | 212-48-0015 | REC ORDS | : BCH | 4940 EASTER | ADDR N AVENUE | |
| IMPORTAN | | | | E OR CONDITION DI LEADING TO DEATH | | CAUSE O | | eliel | ifaceta | ONSET | AND DEATH |
| CTOR: | | | (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) Mycocarchiel efection C (chu | | | | | | | | |
| IRECT | | | DISEASES OR CONDITIONS, if any, giving sise to the above cause (A) stating the UNDERLYING CONDITION last. | | | | | | | | |
| Ω | | TION | TO THE DE | | ATED TO T | NG HE | | | | 1 | |
| UNERAL | | RTIF | 9A-DATE OF | OPERATION 198. CON WAS PER | IDITION FOR | | NO | | IN CERTIFYING CA | | |
| Ē | | CAL | DEATH (notify | IT WAS UNDERLYING TING CAUSE OF medical examiner) | eto | | fice bldg., INJURY | OCCUR? | | e City, give exact | (ocotion) |
| | | 3 | APPROX | (Month) (Doy) (Yeor) | w | E. INJURY OCCURRED Thile At Not While At Work | | | URY OCCUR? | 2/-0 | |
| -0 | d to the of any tal (ex | 1 | 22. I certify that (**) (this haspital) attended the deceased from 3 2 9 19 6 to 3 2 9 19 6 to | | | | | | | | |
| | iticate must be a y was released to y was released to 1) An accident of A. at a hospital d prior to death) approval must by | 2 | 3A. SIGNATU | rales Ke | aelbo | M.D. Atte | | Aed. | Stoff Phys. | 3/28/ | 66 |
| | certificat body was vs: (1) An D.O.A. at assed pric | 0 | DR. BURIAL CREA REMOVAL IS | CHARLES KAEI MATION, 24B. DATE pecify) 4-2-/93 | 24C. N | M.D., NAME OF CEMETERY OF CRE acred Heart | | | ENUE #21221 OCATION IC Stimore (our | | |
| | This certification of the body shows: (1) was D.O deceased written a | 25A. | MAR 31 | BY HEALTH DEPT. 1965 Co | | OF REGISTRAR | Lilly | | | | |
| | | VS 1 | 50-REV. 1/1/6 | 5 | | | | 100 | , | | |

place at white or a fell when we what the desiration 3/2/2 3/2/2 00 3/2/2 Elalo. Haille 25/20/2

| MEDICAL EXAMINATION CERTIFICATE OF DEATH 13 | MEDICAL E | XAMINER'S | CERTIFICATE | OF | DEATH Registered No. 06 |
|---|-----------|-----------|-------------|----|-------------------------|
|---|-----------|-----------|-------------|----|-------------------------|

| M.E. CASE NO. 1. NAME OF DEC (Type or Print) | | Tomore | 4 | | | HOUR PRONOUNCE | CED DEAD | 0.25.5 |
|--|---|--|---|---|--|--|--|---|
| 3. PLACE IN BALTI | DORIS | Janey | EVERETT | 4. USUAL RESID | | 23, 1966 | stitution: resid | 9:35 P |
| FULL NAME OF HOSPITAL OR | | AL OR INSTITE | UTION, GIVE STREET | A. STATE Mar | yland | B. CO | UNIY | 10-02 |
| INSTITUTION | | | | | ltimore | | | |
| 922 N | . Central Av | renue | | D. STREET ADDR | | tral Avenu | e | |
| 5. SEX Female | Negro | | NEVER MARRIED DIVORCED (specify) Single | B. DATE OF BIRTH | | 9. AGE (In years (ast birthdoy) | | 1 Yr. If Under 24 Hrs. Doys Hours Min. |
| done during most of w Unemploye | rorking life, even if retired) | k TOB. KIND O | F &USINESS OR INDUSTR | | | country) | 12. CITIZE WHAT | T COUNTRY? |
| 13. FATHER'S NAM | e Sancy 7 | _ | | Della | | | | 51-411-1 |
| 15. WAS DECEASED | EVER IN U.S. ARMEE | | 16. SO CIAL | 17. INFORMANT | | | ADDRESS | |
| nies, no ar unknawn) | (If yes, give war ar date | es of service) | SECURITY NO. | Mrs Della | a Chase I | 422n N Arl | ington | Ave |
| (This daes no heart fai(ure, | E OR CONDITION DI LEADING TO DEATH at mean the made of asthenia, etc. It means aplication which coused | H f dying, e.g., s the discose. | [A] | cioscleroti | le Cardio | ovascular l | Diseas | e. |
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| OTHER SIGN TO THE UNDERLYIN OTHER SIGN TO TH | LEADING TO DEATH of mean the made of asthenia, etc. If mean aplication which coused NTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | of dying, e.g., death.) ES ANY, GIVING STATING THE CONTRIBUTION FOR THE | (B) | 20A. AUTOPSY: | ? (Yes or No) 20 | DR. IF YES, WERE FI I CERTIFYING CAU | INDINGS CO | e. ON SIDERED ATH? |
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| | in a hospital and a cause of death (suse; (5) Deceased trendance on the cort to death. Such |
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| N-1 | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; such a prior to death; such a prior to death, so the remained helps are embalmed or final disposition; is made. |
| FUNERAL DIRECTOR: IMPORTANT | aminer or his assiste miner. Also, if the A fracture of any kind the preneunced dea egular attendance |
| FUNERAL DIREC | the chief medical exal by a medical exal (2) Body burns; (3) the the physician was in the control of the contro |
| • | ist be approved by tased to the hospita dent of any nature; ospital (except whe death); and (6) No |
| | This certificate must be cased the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death, written approved must have |

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 86 03237 Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Florence Tarter March 25, 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street Maryland address or location) (If outside city limits, write RURAL and give township) Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rural, give location) 2200 McCulloh Street Baltimore, Maryland 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 His. lost birthdoy) Hours Female 9-11-88 Negro Widowed 10A. USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most at warking life, even if retired) None Maryland U.S.A. 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Robert T Tarter, 2317 McCulloh CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED yes Yes 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At | Not While (APPROX) At Work Work 19 66 March 13. 1966 March 25. 22. I certify that (1) (this haspital) attended the deceased from 19 66 March 25, that (1) (we) last saw the deceased alive on and that in(my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 238, DATE SIGNED Attending Staff Phys. X 1966 March 26. Phys. Director 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) Dr. Roger Theodore 1514 Division Street M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 3/29/66 Mt Auburn Cemetry Baltimore 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

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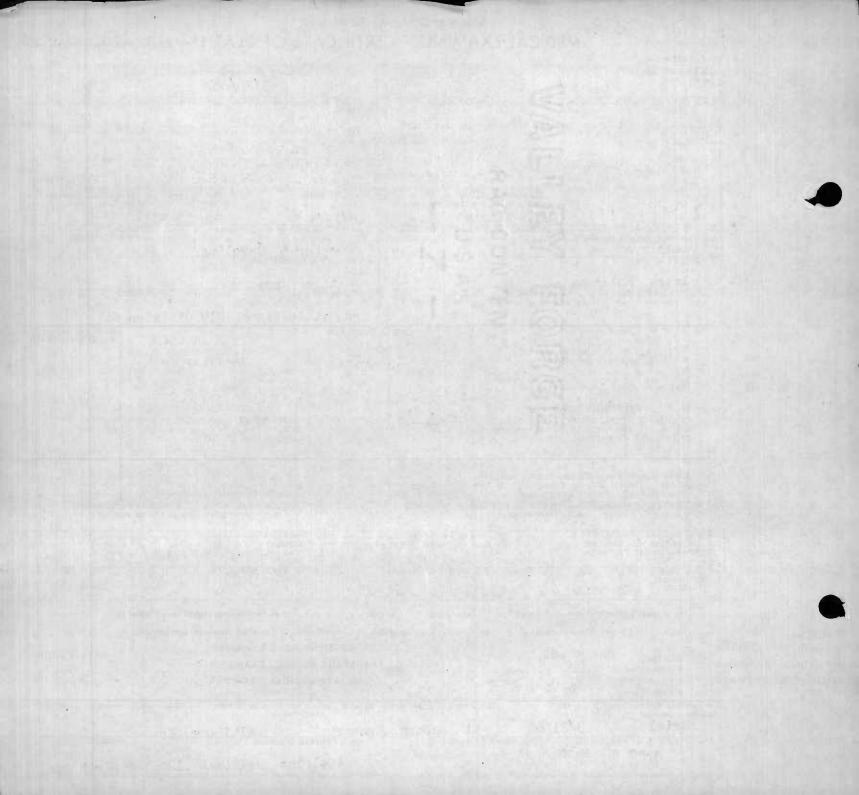
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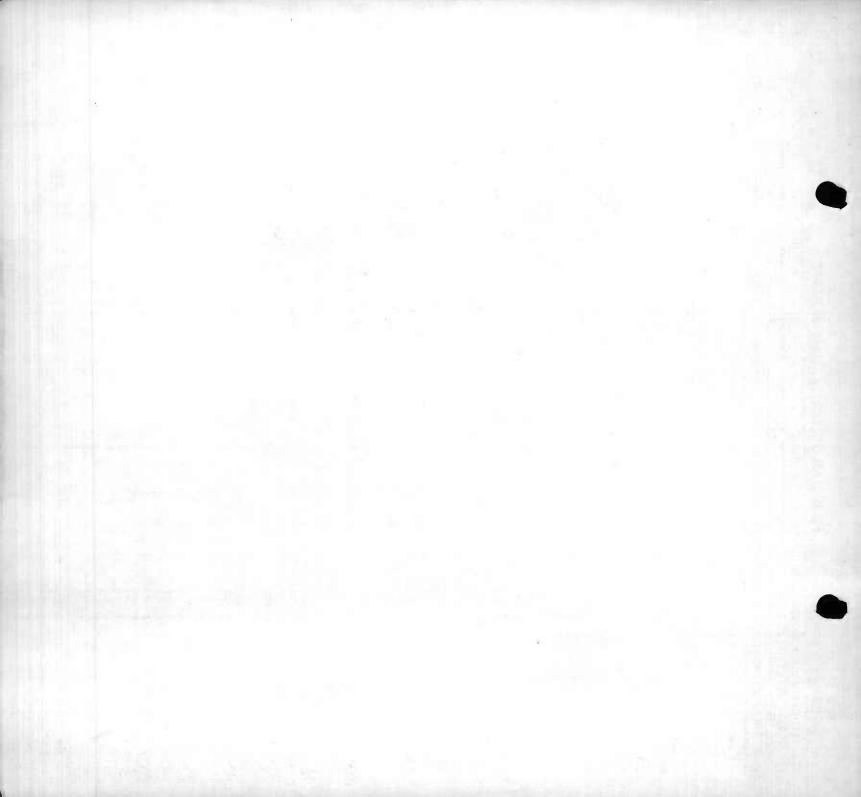
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| BIRTH NO. MEDICAL | EXAMINER'S C | ERTIFICA | TE OF DEATH Registe | red Na. 00 1333 |
|---|-------------------------------|---|--|--|
| M.E. CASE NO. | | | | 1 |
| (Type or Print) CHARLES | F. HOLLI | - A | 3/26/66 | M. |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO | A. STATE | PENCE (Where deceased lived. If instight ARY LA ND B. COU | itution: residence before admission) | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) | | C. CITY OR TO | WN (If outside corporate limits, write 7LTIMORE | RURAL and give township) |
| ALLEY-REAR OF | = 414 PEAR | D. STREET ADD | RESS (If rural, give location) | 7-0 CET |
| | | | 5 PIERCE S | |
| MALE COLIDRED WIDOWE | DIVORCED (specify) | 8. DATE OF BIRT | last birthdayl | If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min. |
| 10A. USUAL OCCUPATION (Give kind of work TOB. KIND | ingle of BUSINESS OR INDUSTRY | 9/25/3 | 3 32 (State or foreign country) | 12. CITIZEN OF |
| done during most of working life, even if refired) Unemployed | | Sumpt | er S Carolina | WHAT COUNTRY? |
| 13. FATHER'S NAME | | 14. MOTHER'S M | ALDEN NAME | ELICAPINA |
| James Holliday | | Matti | e James | |
| (Yes, no arunknown), (If yes, give war or dates of service) | | 17. INFORMANT | | ADDRESS |
| | | Mrs Mat | tie James 1719 divi | |
| 18. 9 8 / 8 | CAUSE | OF DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | | | | |
| (This does not mean the mode of dying hear failure, asthenia, etc. It means the disca | A) HE | MODER | SITONEUM | |
| heart failure, asthenia, etc. It means the disea injury or complication which coused death.) | (3) a | 10110- | MACIDA ACIDAN | 2.4 |
| ANTECENDENT CAUSES | (D)GIIN | IZHUT | WOUND OFABDI | MEN |
| DISEASES OR CONDITIONS, IF ANY, GIVEN | IG N.V | DLUTN | c ADRTA | |
| RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. | HE | | | |
| 8 | (C) | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | | | | |
| 19A. DATE OF OPERATION 19B. CONDITION F | OR WHICH OPERATION | Yes | Y? (Yes or No.) 20B. IF YES, WERE FI | |
| Z 21A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- | 21 B. PLACE OF INJURY (e.g., | in or obout 21 C. | WHERE DID (If in Boltimore City, gi | ve exact location) |
| UTING CAUSE OF DEATH. | STREET | Al | LEY-REAR OF4 | 14 PEARLST, |
| 21D TIME (Month) (Doy) (Year) (Hour) | | | OW DID INJURY OCCUR? | |
| (APPROX.) 3 26 66 | m. WHILE AT NOT AT W | WHILE A FO | TOH2 Chux | |
| 22. I certify that I held an Inquiry | Inspection Au | tapsy 🗶 an | d that an this basis, death In n | ny apinian |
| resulted fram: Natural causes | Accident Suicio | le Hamic | ide Undetermined mann | er 🗌 |
| 1 | 110 | | MEDICAL EXAMINER | DATE SIGNED |
| SIGNATURE MUSTUS | · 2 2 M.D | ASSISTANT A | MEDICAL EXAMINER 🗹 | , 1 |
| EXAMINER'S LIEDER IL | Ditz M. D | ASSOCIATE I | MEDICAL EXAMINER | 3/27/66 |
| NAME (Type) 23A. BURIAL CREMATION, 23B. DATE | 23C. NAME OF CEMETERY | or CREMATORY | 23D. LOCATION (City, | , town, ar county) (State) |
| REMOVAL (Specify) Burial 3/31/66 | M+ Anharm | Com ad | D 311 | |
| 3/ 3-/ 00 | Mt Auburn | Cemetry 24C. FUNE | RAL DIRECTOR MO | ADDRESS |
| MAR 31 1988 1 2a | Sy E, So Usey Mile | Adol | phus Halstead 120 | 06 W Nirth Ave |
| VS 151-REV. 1/1/65 N 8 79, 4 | | | 7 | |



VS 150-REV. 1/1/65



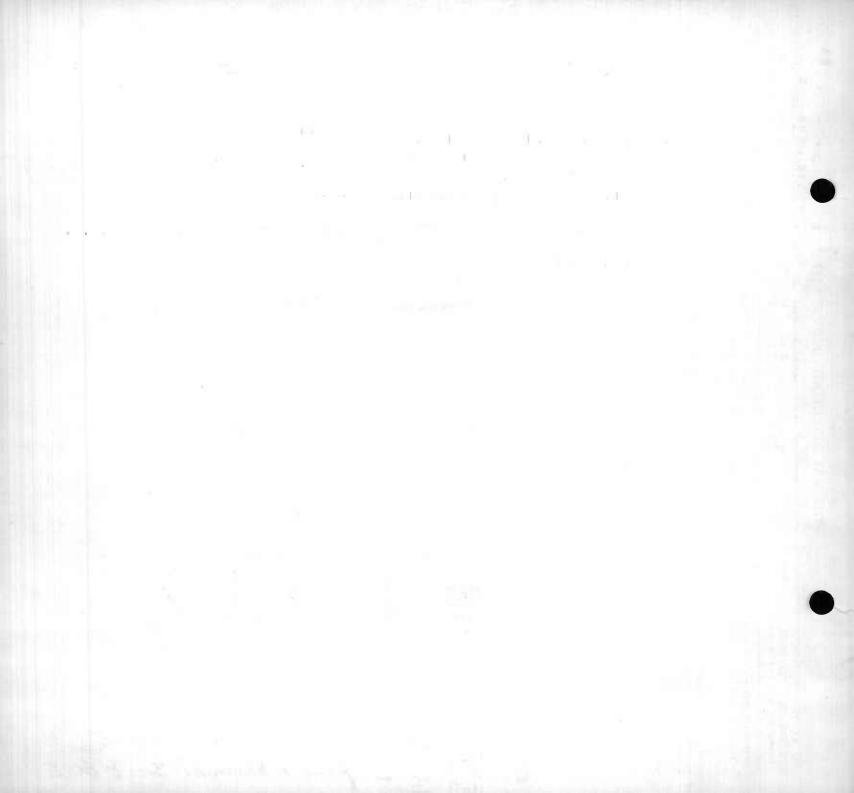
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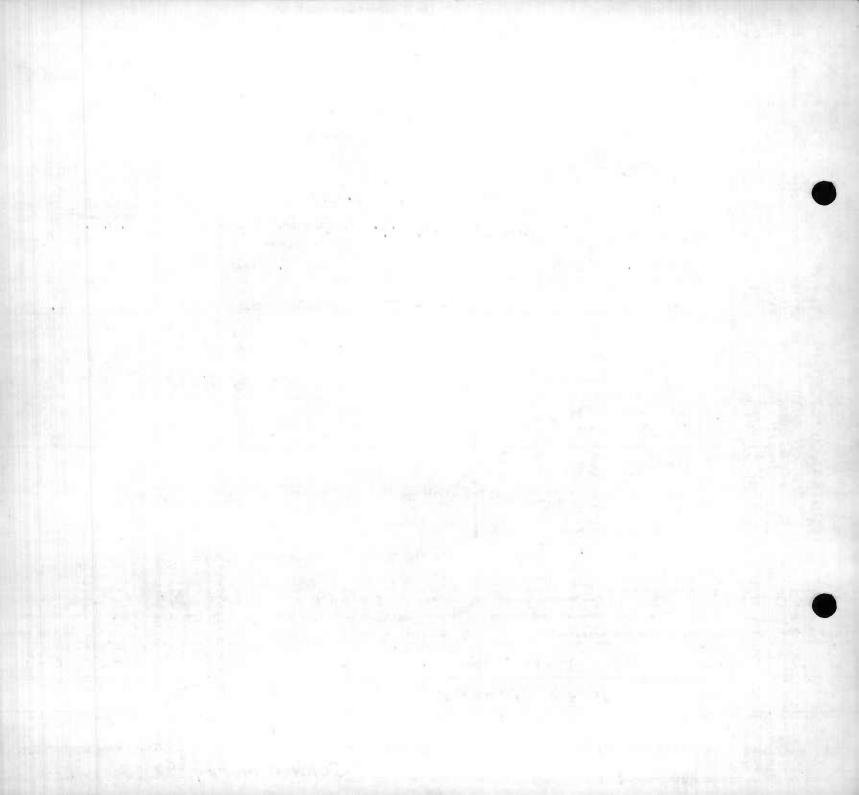


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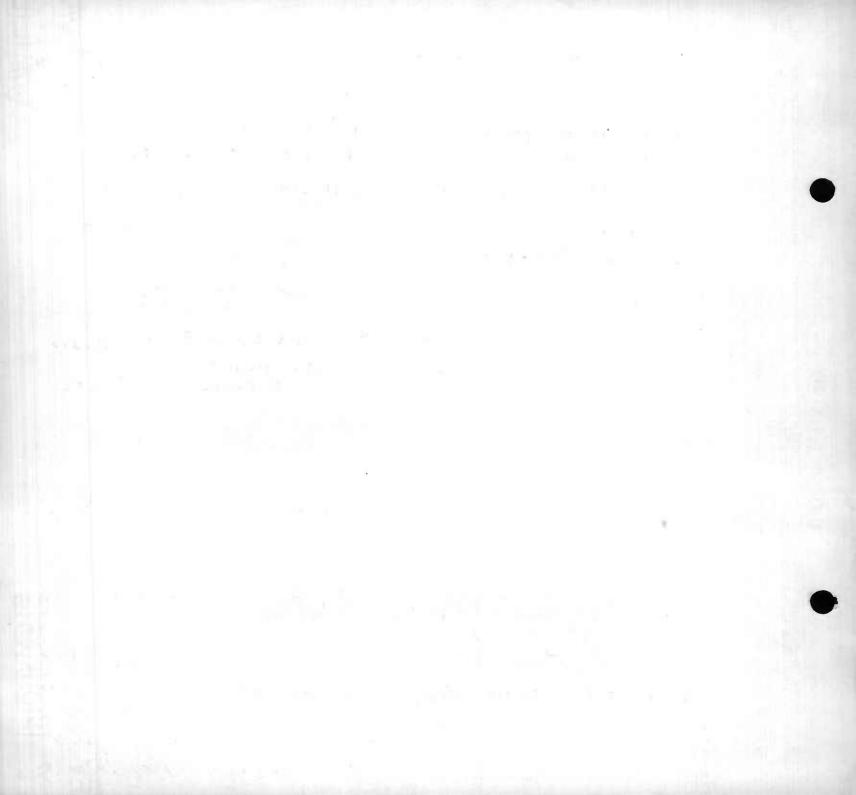
BALTIMORE CITY HEALTH DEPARTMENT



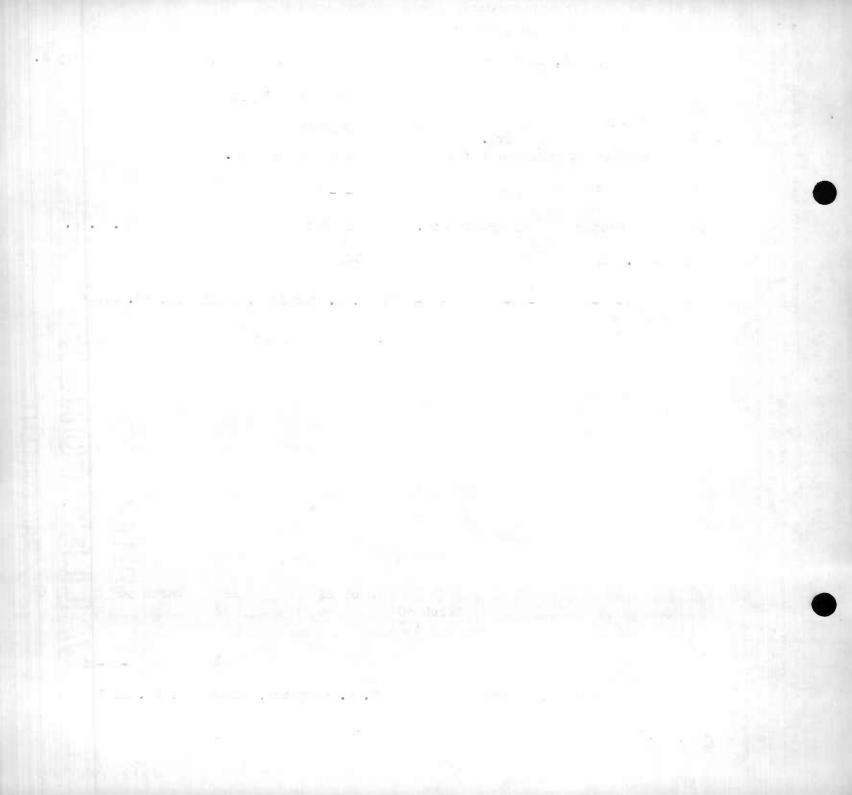
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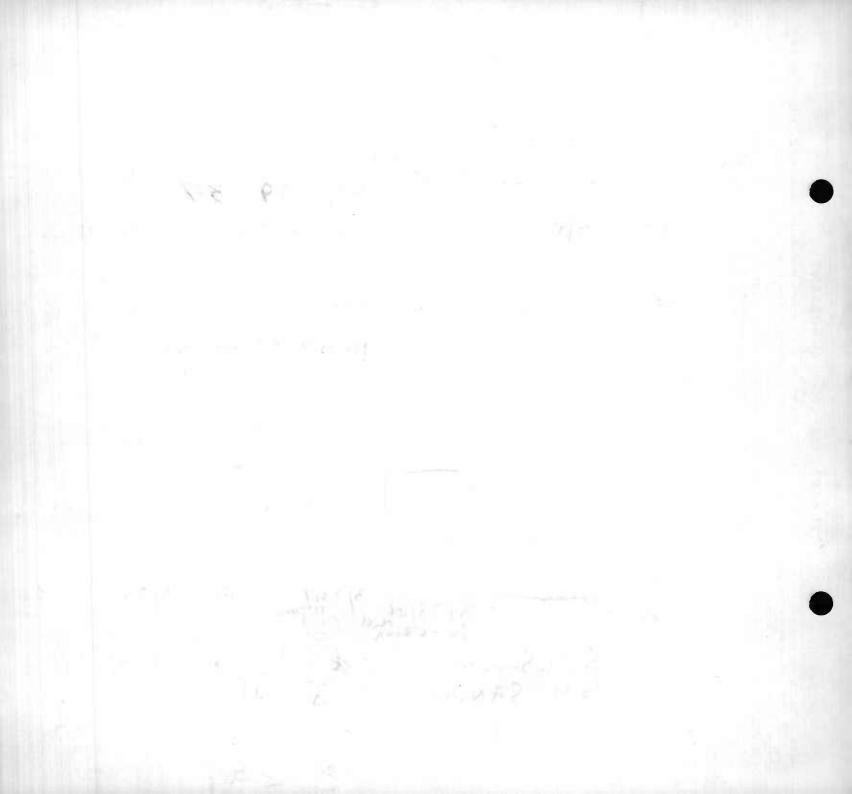
BALTIMORE CITY HEALTH DEPARTMENT



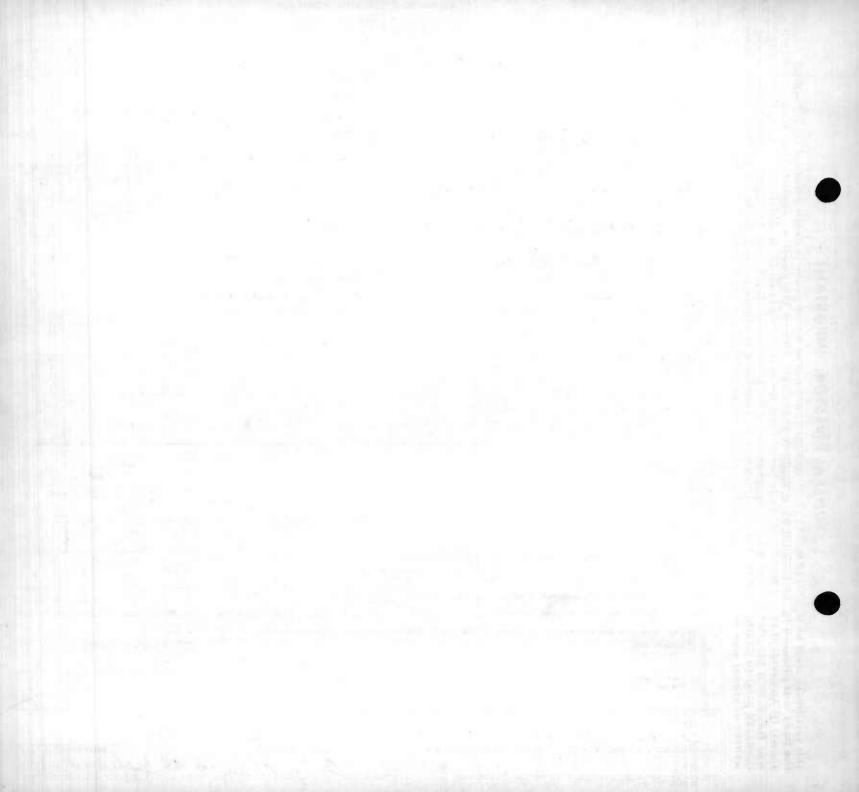
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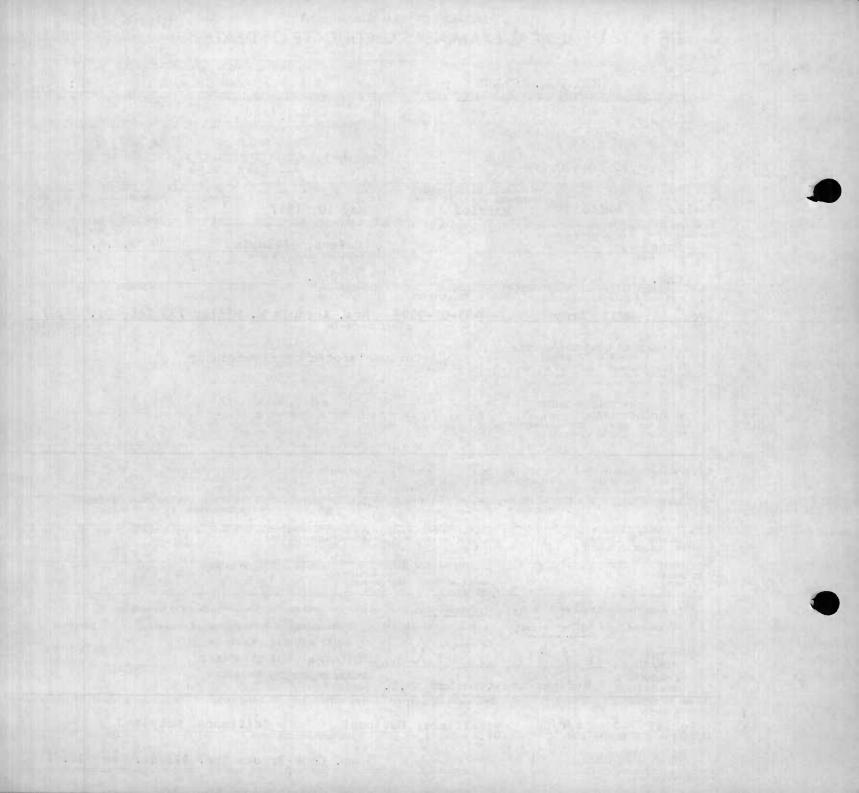
FUNERAL DIRECTOR:



P) 14 BURGHARD SEE Md. Gen'l Hor 3115 W. FAYETTE 38/31/8 M NEGEO MARRIED MARKARD USA Rebuss IRENE ENNESS Wm. KEENE K. O. Casan, AD - M. G. G. Som O. War Md: 6En 1 Hose Louis O. Ocsed

M-460

| | | | AMINER'S C | ERTIFICATE OF | DEATH Register | ered No. |
|---|--|---|---|---|-------------------------------------|--|
| 1. NAME OF E | | | | 2. DATE A | ND HOUR PRONOUNC | ED DEAD |
| | CLETUS E | | | | March 30, 19 | 1 |
| | ALTIMORE, MARYLAND, W | | | 4. USUAL RESIDENCE (Whe A. STATE Maryla | B. COL | litution: residence before odmission JNTY |
| FULL NAME O HOSPITAL OR INSTITUTION | F (IF NOT IN HOSPITA ADDRESS OR LOCA | TION) | JIION, GIVE STREET | c. CITY OR TOWN (If outs Baltim | 1 - | RURAL and give township) |
| 735 Lake Drive | | | | D. STREET ADDRESS (If rur 735 L | ake Drive | |
| 5. SEX Male | 6. RACE White | WIDOWED, | NEVER MARRIED DIVORCED(specify) ried | B. DATE OF BIRTH May 10, 1917 | 9. AGE (In years lost birthdoy) 4.8 | If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min. |
| | CUPATION (Give kind of work of working life, even if retired) | TOB. KIND OF | BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (State or fore | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| None | | | | Galena, Illin | | U.S.A. |
| 13. FATHER'S N. | AME | | | | VI E | |
| | SED EVER IN U.S. ARMED | | 16. SO CIAL SECURITY NO. | Unk. | | ADDRESS |
| Yes | WWII Army | | 485-01-9598 | Mrs. Kordula V | Miller 735 | Lake Dr. 21217 |
| COTHER S | AASE OR CONDITION DI LEADING TO DEATH s not meen the mode of vie, osthenio, etc. It meens complication which coused ANTECENDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' YING CONDITION LAST. II IGNIFICANT CONDITIONS | dying e.g., the disease, death.) S NY, GIVING TATING THE | (B)(C) | osclerotic cardi | ovascular | ONSET AND DEATH |
| DISEASE 19A. DATE | OF OPERATION 198, CON WAS PER | IDITION FOR | WHICH OPERATION | 20A. AUTOPSY? (Yes or N | o) 208. IF YES, WERE FI | |
| ZIA, EXTERI | NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH. | 21 B. home etc.) | PLACE OF INJURY (e.g., form, foctory, street, | in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? | (If in Boltimore City, g | ive exoct locotion) |
| 21 D TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeo | | WHILE AT NOT | WHILE 21F. HOW DID IN | JURY OCCUR? | |
| ACTL | ertify that I held on I sulted from: Natural co | | Inspection X Au | otopsy and that an | | DATE SIGNED |
| EXAM | INER'S | r Breit | enecker, M.D. | ASSOCIATE MEDICAL | | 3-30-66 |
| 23A. BURIAL C | | 23 | C. NAME OF CEMETERY | or CREMATORY 23D | LOCATION (City | , town, or county) (Stote) |
| Buria | 1 4/4/6 TO BY HEALTH DEPT. | 24B, NAME | Baltimore, Nat | ional B | altimore, Mar | ryland ADDRESS |
| MAR | 31 1966 (2.0 | 1. B E. | Faillegna | Wm. Cook-Bro | oks Inc. 121 | 7 & t. Paul St. 212 |
| VS 151-REV. 1. | /1/65 | 7. | | | | |



66 03250 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH .

| NAME OF TAXABLE PARTY. | | | |
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| - | -41 | 1 | omney |
| | | 6 | 3 |
| | | | - |

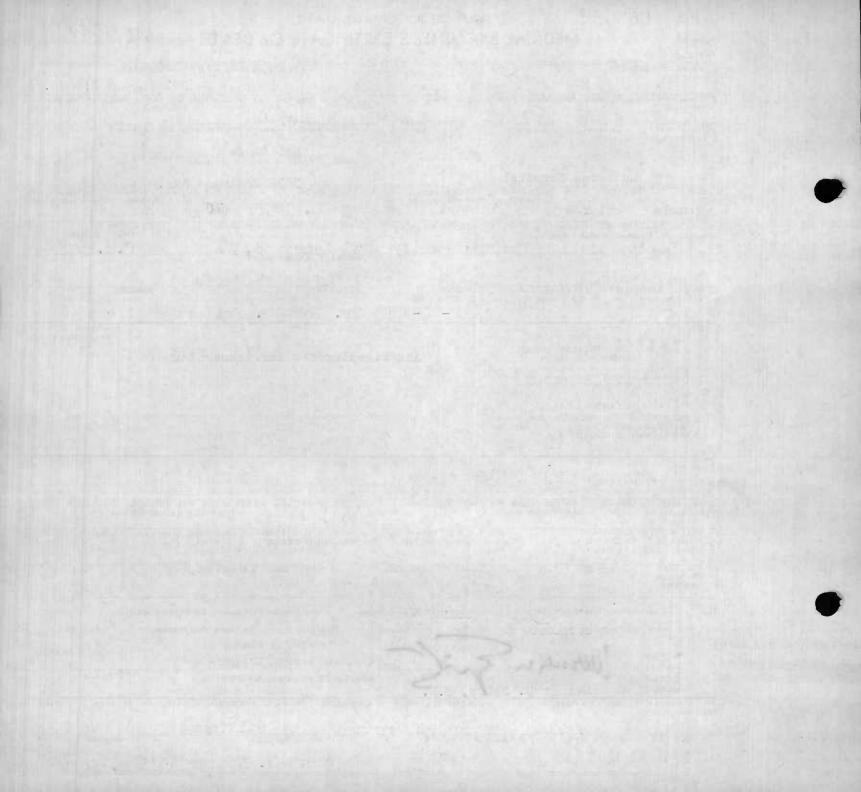
| M.E. CASE NO. | MEDICAL EXAMINERS | CERTIFICATE OF DEATH Registered No. |
|-------------------|---|--|
| 1. NAME OF DEC | Mary Minnie Fullerton | 2. DATE AND HOUR PRONOUNCED DEAD 3/29/66 8:20 a. M. |
| 3. PLACE IN BALTI | MORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission. A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) |

| | Minnie | 1 | ullerton | | | 3/25 | 7/00 | 0:20 a. M |
|---|---|-------------------|---|--|-----------------------------|---------------------------------|-------------------|--------------------|
| 3. PLACE IN BA | LTIMORE, MARYLAND, W | HERE PRONO | UNCED DEAD | 4. USUAL | . RESIDENCE (Where | deceased lived. If inst | itution: residenc | |
| FULL NAME OF | UE NOT IN HOSPIT | AL OR INICITY | LIDON COVE STREET | | Marylan | 4 | | |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) | | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give t | | | | |
| | | | | | Dol+im | 0.11.0 | 5- | 16 |
| | | | | D. STREET | Baltim ADDRESS (If rurol | | | 00 |
| 7 | Lutheran Hos | nital | | | | 9.14 10001011 | | |
| S. SEX | 6. RACE | | , NEVER MARRIED | B. DATE C | 3027 W | estwood Ave. | I f Under 1 | Yr. If Under 24 Hr |
| female | colored | WIDO WED, | DIVORCED (specify) | | 22, 1895 | 9. AGE (In years lost birthdoy) | Months, Day | ys Hours Min. |
| | CUPATION (Give kind of wor | 108. KIND O | F BUSINESS OR INDUST | RY 11. BIRTHP | LACE (Stote or forei | gn country) | 12. CITIZEN | |
| 995 | f working life, even if retired) | Danier | ata Mamila | 20:22 | 10000 00 | TO | TT | OUNTRY? |
| 3. FATHER'S NA | estic Me | Priva | ate Family | 14. MOTH | lesex Co | IE V CL | رده تا | a.B. |
| | ** * * * | | | | | | | |
| Thomas | Robinson SED EVER IN U.S. ARMED | - FORCES | 116, SO CIAL | 17. INFORM | lizabeth | Davis | ADDRESS | |
| Yes, no or unknow | on) (If yes, give war ar dote | es of service) | SECURITY NO. | II. INFORM | MANI | | 3020 | Baker |
| No | | | 218-30-680 | 5 Mr. | John W. | Fullertor | Stree | et |
| 1B. 1/2 | 227 | | | E OF DEA | | | | TERVAL BETWEEN |
| 1 | X0(-/- | | | | | | 10 | SET AND DEATH |
| DISE | ASE OR CONDITION DI | RECTLY | Arto | ciocolo | ratio and | iovascular d | licondo | |
| /This does | LEADING TO DEATH | | (A) | LUSCIE | totic card | TOVASCUIAL C | треазе | |
| heart foilur | not meon the mode of re, asthenia, etc. It means | dying, e.g., | DUE TO | | | | | |
| injury or c | complication which caused | deoth.) | | | | | 4 75.3 | |
| | ANTECENDENT CAUS | rc | | | | | | |
| DISEASES | ANTECENDENT CAUS | | (B) | | | | | |
| RISE TO T | HE ABOVE CAUSE (A) S | TATING THE | DUE TO | | | | | |
| | ING CONDITION LAST. | | (C) | | | | | |
| OTHER SILD TO THE DISEASE 19A. DATE C | | | (0) | | | | | |
| 5 | II | CONTRACTOR | 110 | | | | | |
| OTHER SI | GNIFICANT CONDITIONS DEATH BUT NOT RE | | | | | | | |
| E DISEASE | OR CONDITION CAUSING | | | | | | | |
| S 19A. DATE C | | | WHICH OPERATION | 20A. AL | JTOPSY? (Yes or No. | 208. IF YES, WERE FI | NDINGS CON | SIDERED |
| 0 | WAS PER | RFORMED | | no | | IN CERTIFYING CAU | SES OF DEATH | 47 |
| UNDERLYING | AL CAUSE WAS | 21 B. hametc.) | PLACE OF INJURY (e.g., e, form, factory, street, | , in ar about affice bldg., | 21C. WHERE DID | (If in Baltimore City, gi | ve exoct lacoti | on) |
| E 21D TIME | (Month) (Day) (Yea | or) (Hour) | 21E. INJURY OCCURRED | | 21F. HOW DID INJ | LIRY OCCUP? | | |
| OF INJURY | (Notolilli) (Day) (180 | | | | 211. 11011 010 1113 | OKI OCCOK: | | |
| (APPROX.) | | m. | WHILE AT NOT | WHILE | | | | |
| 22. | ertify that I held an | | | utapsy 🗌 | and that on th | is basis, death in n | ny apinian | |
| resi | ulted fram: Natural ca | uses X | Accident Suici | de h | lamicide - | Undetermined manne | er 🗍 | |
| | | | 7, | СН | EF MEDICAL E | XAMINER | | |
| ACTU | AL JAMA | | > ./. | _ | | _ | | DATE SIGNED |
| SIGNA | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | zh. (| M.I | D. ASSISTA | NT MEDICAL E | XAMINER 🔼 | 2/00 | 100 |
| EXAM | INER'S | de de m | 1 | ASSOCIA | TE MEDICAL E | XAMINER | 3/29/ | 66 |
| NAME | (Type) Werner | U. Spi | Ez, M.D. | | | | | |
| 23A. BURIAL CE | REMATION, 238 DATE | | C. NAME OF CEMETERY | or CREMAT | DRY 23 D. | LOCATION (City, | , town, or coun | ty) (State) |
| REMOVAL (Spec | dfy) | | | | | | | |

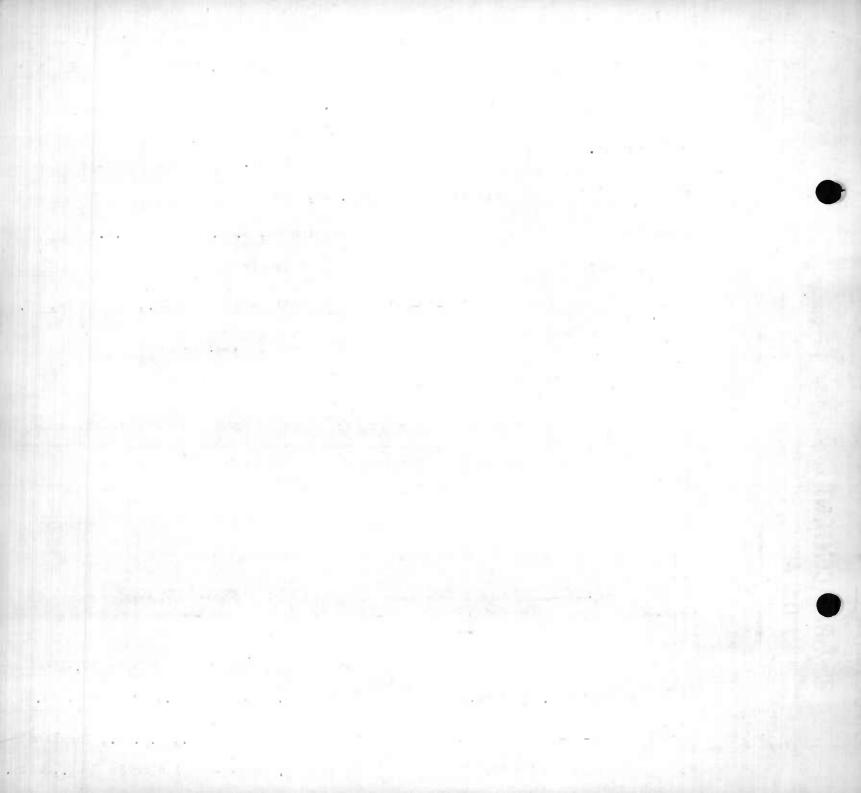
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MAR 31 1866 Q. C. 5 2, Jacksons

Herbert E. Nutter 3035 W. North Ave

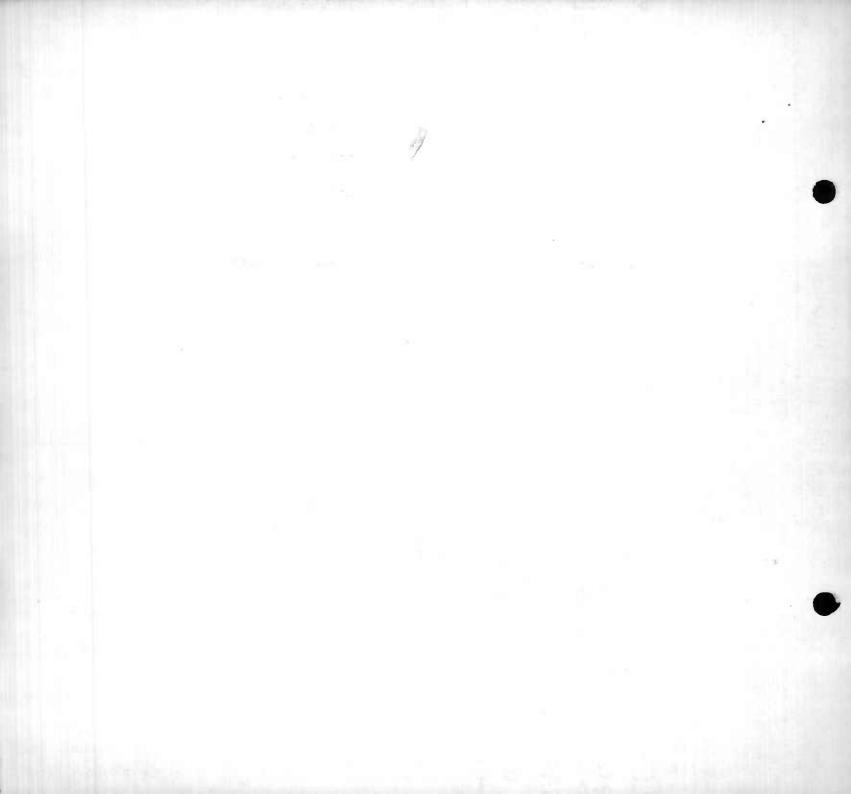


VS 150-REV. 1/1/65



| ME/Eased | BIRTH NO. 66 03252 CEDTIFICATE OF DEATH Registered No. 6 | 03252 |
|--|--|--|
| ON PEPOS | M.E. CASE NO. | |
| Doubon's a se de s | 1 NAME OF DECEASED | |
| 1 0 0 E | MOSE MOLEMAN 3-28-66 | 11:00 PM. |
| pita of ath. | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, II institu | tion; residence before odmission) |
| hospi ise o (5) D ance deat | FULL NAME OF (If not in hospital or institution, give street /// / Pula nd A | Co- |
| | HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN off outside city limits, write RURA | AL and give township) |
| _ 0 0 0 // | Baltimore" | 2/2255 |
| | C. 1) P. 11: 2- Carray 1 11 D. STREET ADDRESS (If tural, give location) | |
| ar ar | South Baltimore GENERAL Hosp. 12 Wy hird HVE 5. SEX 6. RACE 17. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years I II | Enue. |
| | WIDOWED, DIVORCED (specily) | Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min. |
| occur ontrib regularies regularies regularies regularies regularies | 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole of Pringing Country) | 2. CITIZEN OF |
| | done during most of working life, even if relired) | WHAT COUNTRY? |
| or corninger in ition | Housewife Housewite Ohio | U.S. |
| t d | 13. FATHER'S NAME | |
| F + i + i + i + i + i + i + i + i + i + | Joseph Warner | |
| Stantine di ind; eath | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. | ADDRESS |
| TT sist with the kin de de na | No ≳ E. Charles J. Holtman - 12 W. Th | hind Arm |
| IMPORTAN or his assistant Also, if the di of any kind; ounced death ittendance on ned or final d | 18. CAUSE OF DEATH | INTERVAL BETWEEN |
| nis o, ii o | DISEASE OR CONDITION DIRECTLY | ONSET AND DEATH |
| Als Als | (This does not mean the made of dying, e.g., 2 | 13 deup. |
| 1.1018 | (This does not mean the made of dying, e.g., a heart failure, osthenio, etc. It means the disease, a | |
| OR iner iner ract propr | injury or camplication which coused death.) | |
| CTC | ANTECEDENT CAUSES | |
| W 2×0 8 | DISEASES OR CONDITIONS, if any, giving the state of the course (A) stoling the state of the course of the cour | |
| 3 - 0 0 1 1 2 N | UNDERLYING CONDITION last. | |
| dicalical in strength | | |
| AL Meedi bur hys | OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1/9B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FIND | NACC CONCINCTO |
| FUNER to chief r by a m 2) Body to the p physicia | WAS PERFORMED IN CERTIFYING CAUSES | OF DEATH? |
| D by C | O 21A, ACCIDENT WAS MONDERLYING X 21B, PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID Mr in Boltimore Cit | ty, give exact log(fron) |
| +====================================== | ✓ DEATH (notily medical examine) etc.) | T ALONG |
| by the pital re; (whe whe does | 4 me | AT AT POWER |
| atu (6) | = OF INJURY | |
| 7 - 9 - 9 | 3 13 CE Work AI Work | |
| thy thy are object | 2 30 // | 3-28 1966, |
| be to to be | that (we) last saw the deceased alive an 3-28 19 66 and that in (our) apinion | death accurred an the date |
| rust be all eased to ident of hospital of death). | and haur and fram the causes stated abave. (!) (We) (dld) (did nat) view the bady after death. | |
| ust be ased dent ospit deat | 23E. S)GNATURE 23E | B. DATE SIGNED |
| at the second | M.D. Attending Med. Stoff Phys. Director Phys. | 3-29-66. |
| 00 + 00 | 23E. PHYSICIAN'S NAME (Type) NARC(SU A, DE BORJA M.D. SG. BALTO. GEN. HOSP | |
| ficate m was rel A. at a l prior to | NARCISO A, DE BORJA M.D. SO. BALTO. GEN. HOSP. | |
| certificat sody was s: (1) An D.O.A. at ased prio | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, to | own, or county) (Stote) |
| Sod Sod Sod | | . A. Co., Md. |
| This certif the body shows: (1) was D.O.A deceased | | |
| T + 4 × b × | APR 1 1966 Color E. Salvaria George J. Gonce - 4001 Rite | |
| | vs 150-REV. 1/1/65 // 9 4 // D Baltimore | e 25, Md. |

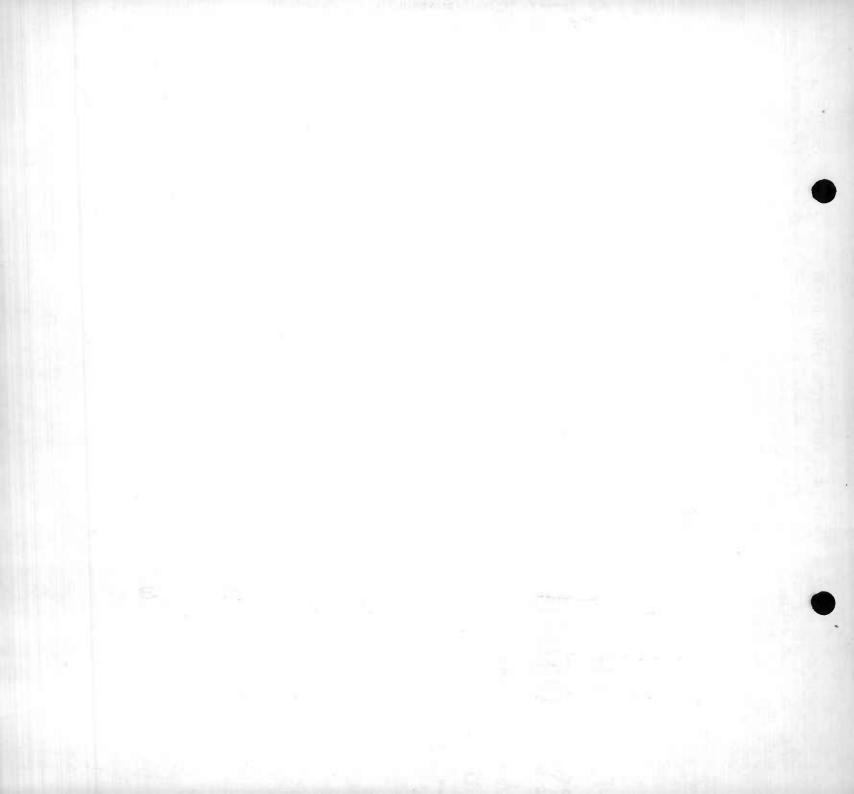
Lage Holdman Maryland . Baltmore 22223 South Baltimore General Hosp 12 Third AVERUS F. White Marrich 3-29-188, 79 Housewite Ohio ANDRES TO A DESTAN



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DIRECTOR:

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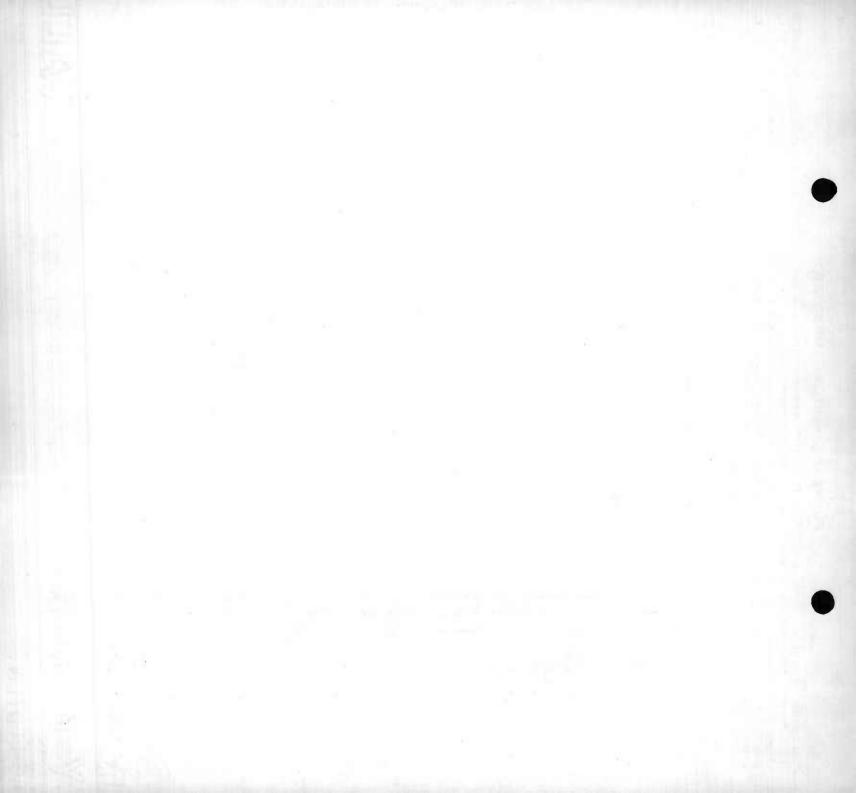


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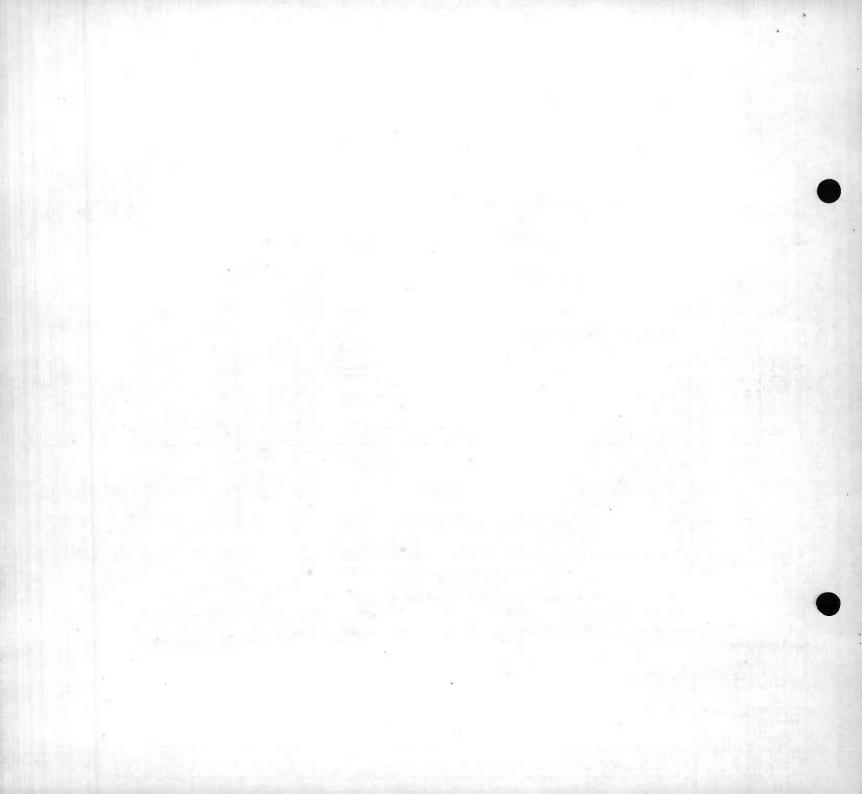
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BALTIMORE CITY HEALTH DEPARTMENT



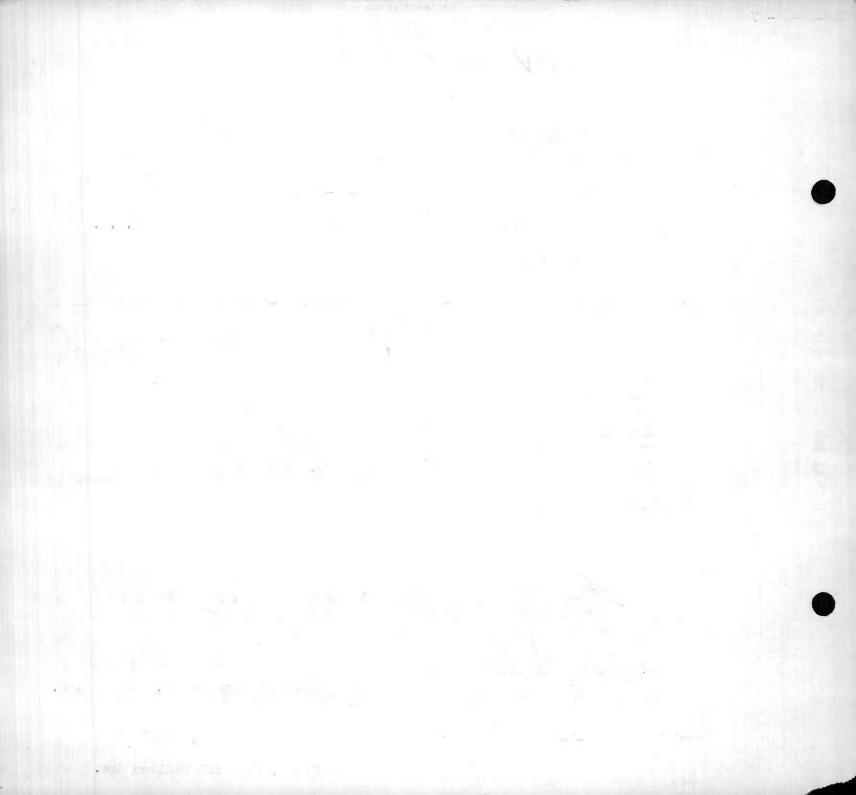
| garagement of | 52 | | 2 | 1 |
|-----------------------------|--|--|--|---|
| TANT | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and | shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the | deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such |
| IMPORT | or his assi | re of any k | p perunou | attendanc |
| FUNERAL DIRECTOR: IMPORTANT | lical examiner | ns; (3) A fractur | ician who proi | as in regular |
| FUNERAL | the chief med | ; (2) Body burn | here the physi | to physician w |
| | e approved by | t of any nature | ital (except w | 1th); and (6) h |
| | ertificate must b | :: (1) An acciden | D.O.A. at a hosp | ised prior to dec |
| | This co | shows | was D | deced |

| BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (STREET ADDRESS (If rurol, give locotion) 10. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 10. STREET ADDRESS 10. DATE OF BIRTH 10. AGE (In years lost birthday) 10. STREET ADDRESS 11. BIRTHPLACE (Note or foreign country) 12. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. ECURITY NO. 18. SOCIAL SECURITY NO. 19. AGE (In years lost birthday) 19. AGE (In years lost birthday) 10. STREET ADDRESS 10. AUSUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 10. STREET ADDRESS 11. BIRTHPLACE (Note or foreign country) 12. INFORMANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORMANT 18. INFORMANT 18. INFORMANT 19. AGE (In years lost) 19. AUSUAL RESIDENCE (Were deceosed lived. In years lost) 20. AUSUAL RESIDENCE (Were deceosed lived. In years lost) 20. AUSUAL RESIDENCE (Were deceosed lived. In years lost) 20. AUSUAL RESIDENCE (Were deceosed lived. In years lost) 21. AUSUAL RESIDENCE (Were deceosed lived. In years lost) 22. AUSUAL RESIDENCE (Were de | f Institution: residence before odmiss The RURAL and give township) |
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| 18. 21 42 VI CAUSE OF DEATH | INTERVAL BETWEEN |
| 770 | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | |
| (This does not mean the mode of dying, e.g., heart friture asheric etc. It means the disease |) — |
| (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, | . 63 |
| injury or camplication which coused death.) | |
| ANTECEDENT CAUSES (B) Broom Augenten | uni |
| OUE TO // | |
| DISEASES OR CONDITIONS, if any, giving | |
| rise to the above cause (A) stoling the (C) UNDERLYING CONDITION last. | |
| | |
| Z OTHER CONDICANT CONTRIBUTIONS | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| SOURCE OF CONDITION CAUSING IT. | |
| U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WE | RE FINDINGS CONSIDERED |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING | CAUSES OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID ()f in Boltin | nore City, give exact location) |
| OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? | |
| DEATH (notify medico) exominer etc.) | |
| 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
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| OF INJURY (APPROX.) While At Not While At Work 22. I certify that (1) (this haspital) attended the deceased from 1955 to 1955 to 1955. | |
| While At Work 22. I certify that (1) (this haspital) attended the deceased from 19 55 to 14 that (1) (we) lost saw the deceased alive on 10 19 10 10 and that in (my) (ever) | |
| While At Work 22. I certify that (1) (this haspital) attended the deceased from 1955 to 1966 and that in (my) (our) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. | apinion death accurred on the |
| While At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on So 19 6 and that in (my) (ever) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. | 23B, DATE SIGNED |
| While At Work 22. I certify that (1) (this hospital) attended the deceased from 1955 to 1966 and that in (my) (ever) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. | 23B, DATE SIGNED |
| While At Work 22. I certify that (I) (this haspital) attended the deceased from 19 5 to 19 that (I) (we) lost saw the deceased alive on 30 19 6 and that in (my) (our) and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Phys. Stoff Phys. 122D ADDRESS. | 23B. DATE SIGNED 3-30-6 |
| While At Work 22. I certify that (1) (this haspital) attended the deceased from 19 5 to 19 that (I) (we) lost saw the deceased alive on 30 19 6 and that in (my) (our) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 30. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS | 23B. DATE SIGNED 3-30-6 |
| While At Work 22. I certify that (1) (this hospital) attended the deceased from 195 to 196 and that in (my) (ever) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Med. Staff Phys. 23D. ADDRESS NAME (Type) 23D. ADDRESS NAME (Type) | 23B. DATE SIGNED 3-30-6 |
| While At Work 22. I certify that (1) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 3D. 19 6 and that in (my) (ever) and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 3D. Altending Phys. 23D. ADDRESS NAME (Type) ARR. 23D. ADDRESS NAME (Type) ARR. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOGATION | 23B. DATE SIGNED 3-30-6 N AVE, |
| OF INJURY (APPROX.) While At Work Not While At Work 22. I certify that (I) (this hospital) attended the deceased from 1955 to 19 that (I) (we) lost saw the deceased alive on 1956 and that in (my) (ever) and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A, SIGNATURE M.D. Attending Med. Stoff Director Phys. 123D, ADDRESS NAME (Type) HARRY A. MNPP M.D. M.D. Attending Med. Director D | 23B. DATE SIGNED 3-30-6 |
| OF INJURY (APPROX.) While At Work 22. I certify that (I) (this haspital) attended the deceased from 1955 to 16 that (I) (we) lost saw the deceased alive on 1955 to 17 and that in (my) (our) and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Phys. 23D. ADDRESS NAME (Type) ARRY AMD. Attending Phys. 23D. ADDRESS NAME (Type) ARRY AMD. 24B. DATE 24C. NAME (CEMETERY of CREMATORY) 24D. LOGATION | 23B. DATE SIGNED 3-30-6 N AVE, |
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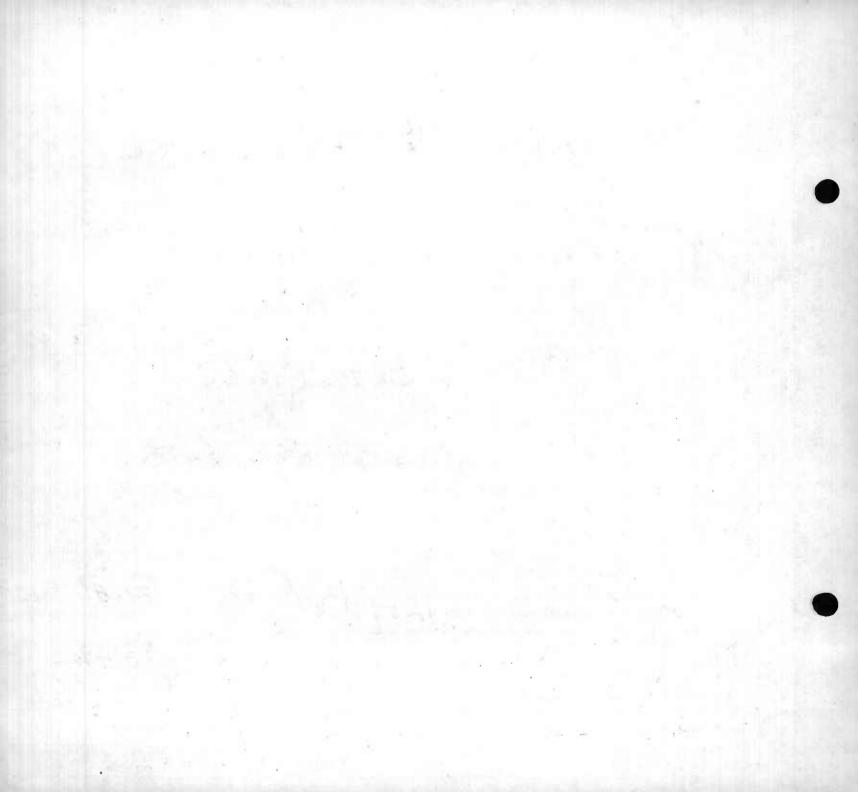
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| ath Both | 3. PLA | CE OF DEAT | H IN BALTIMO | RE, MARYLA | AND | 1 | | 4. USUAL A. STATE | RESIDENCE (| Where dec | eosed lived. | If institution: r | esidence b | efore odmission) |
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| ributi nined ular nade | 5. SEX | | RACE | 7. / | MARRIED. | NEVER MAI | RRIED | 8. DATE OF | | 9. AC | E (In years | If Unde Months | r 1 Yr. I | Under 24 Hrs. |
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| dea Uno as e d | | mitters NAME | | | raper | | | | R'S MAIDEN | NAME | | | | |
| irect (4) (4) wo | | | Willi | am Was | hingto | on | | | Anna | Will | iams | | | |
| AN stant ind; eath e on | 15. Wos (Yes, no | Deceosed E- | ver in U. S. An f yes, give wor | med Forces? or dotes of | service) | 1 6. SOCIAL SECURIT | TY NO. | 17. INFORM | | | | BILLII. | ADDRESS | |
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| IMPORTAN r his assistan Also, if the di of any kind; ounced death | 10, | DISEASE | OR CONDITION | ON DIRECT | TLY | | CAUSE |) | | | | | | BETWEEN ND DEATH |
| Als Als | (Th | | mean the m | | ng. e.g., | | (A) DUE TO | neu | monie | 2 | | | / weel | < |
| R: er. ctu | he | arl failure, as | Sthenia, etc. It ication which | means the | disease, | | | | | | | | | |
| mine frace people | | | ITECEDENT C | | | | (B) | 000 7 0 7 0 000 0 000 0 0 0 0 0 0 0 0 0 0 0 | | | ~====================================== | | | ************************ |
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| chief ram m a m Body the plysicia | 19A | PACHE OF C | 00 | 200 | ON FOR V MED RESI | WHICH OPER | | 20 A. AU Ye | TOPSY? (Yes o | r No) 20E | | RE FINDINGS CAUSES OF | CONSIDE DEATH? | RED |
| FU y the ital by e; (2) /here No ph | OR | ACCIDENT CONTRIBUTI ATH (notify m | WAS UNDERUNG CAUSE | YING OF | 21B. hom etc.) | PLACE OF 1 | NJURY (e.g., i ory, street, o | n or obout 21 ffice bldg., IN | JURY OCCU | D R? | | more City, giv | e exoct lo | cotion) |
| ed by hospite nature; ppt wh (6) Ne | Q 210 OF | INJURY | Month) (Doy) | (Yeor) (H | | le At | Not While | e | F. HOW DID | INJURY | OCCUR? | | | - Mi lour |
| prov the ny r exce and | 22. | I certify th | nat (1) (this h | ospital) at | tended th | e decease | d fram | 3 - 2 | | 19.6 | 66 10 | 3-28 | 7 | 1966. |
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| be nt nt pit pit sat | | haur and | rom the caus | es stated | abave, St | (We) (dId) | (did not) | riew the ba | dy after dea | ith. | | 23 B. D.A.1 | TE SIGNED | |
| 50:50 | | 11 | Verl | 11 | lare | unlear | M.D. Atte | ending _ | Med. Director | Stoff Phys. | × | | | -66 |
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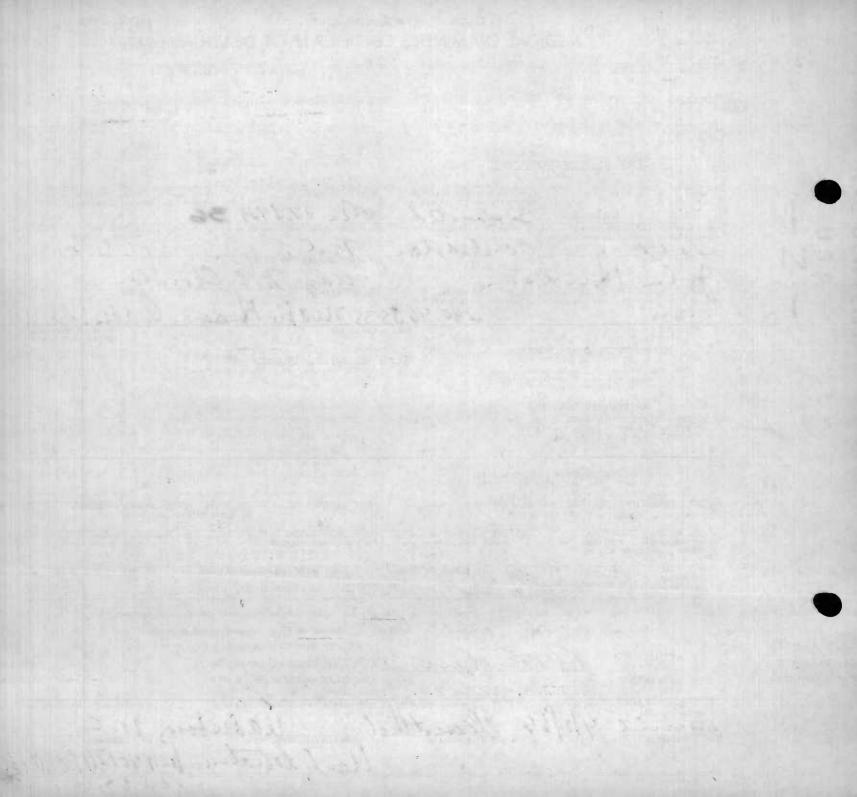
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

IMPORTANT FUNERAL DIRECTOR:



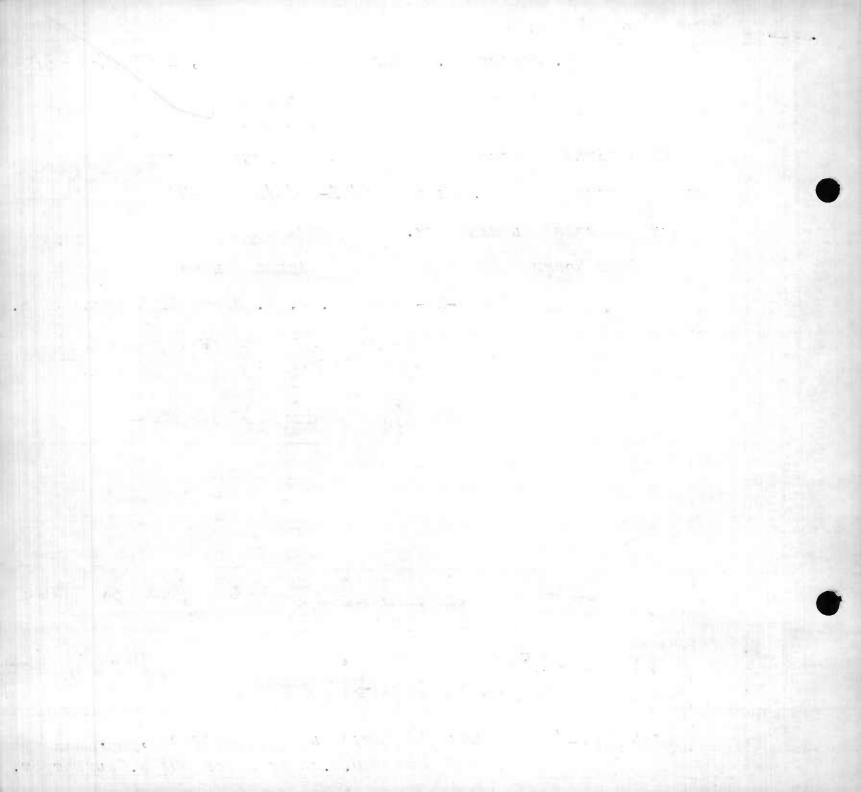
| MEDICAL EVALABLEDIC CI | LTH DEPARTMENT 66 (3260) |
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| RTH NO. MEDICAL EXAMINERS CI | ERTIFICATE OF DEATH Registered No. |
| .E. CASE NO. | |
| NAME OF DECEASED | 2. DATE AND HOUR PRONOUNCED DEAD |
| ype or Print | 2 00 CC |
| EDWARD HUDSON PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 3-20-66 5:35 P. M. |
| TEACL IN SALIMONS MARIENTO, WILLE I ROMOGNOLD SEAS | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission. A. STATE B. COUNTY |
| JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | Maryland |
| OSPITAL OR ADDRESS OR LOCATION) STITUTION | C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) |
| | Baltimore 470 |
| UNIVERSITY HOSPITAL - DOA | D. STREET ADDRESS (If rural, give location) |
| | 711 W. Fayette Street |
| SEX 6. RACE 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs |
| WIDO WED, DIVORCED (specily) | lost birthday) Months Doys Hours Min. |
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| LUSUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY | Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
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| WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown), (If yes, give wor or dates of service) SECURITY NO. | 17. INFORMANT |
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| | o wound of chest |
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| injury or complication which caused death.) | |
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| RISE TO THE ABOVE CAUSE (A) STATING THE | |
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| UNDERLYING CONDITION LAST. | |
| UNDERLYING CONDITION LAST. (C) | |
| UNDERLYING CONDITION LAST. (C) | |
| UNDERLYING CONDITION LAST. (C) | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED |
| UNDERLYING CONDITION LAST. (C) | 20A, AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes |
| UNDERLYING CONDITION LAST. (C) | Yes IN CERTIFYING CAUSES OF DEATH? Yes Yes |
| UNDERLYING CONDITION LAST. (C) | in a obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR? |
| UNDERLYING CONDITION LAST. (C) | in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR? 711 W. Fayette Street |
| UNDERLYING CONDITION LAST. (C) | in a obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR? |
| UNDERLYING CONDITION LAST. (C) | in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg, INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? |
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| UNDERLYING CONDITION LAST. (C) | Yes IN CERTIFYING CAUSES OF DEATH? Yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bidg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner |
| UNDERLYING CONDITION LAST. (C) | Yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bidg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED |
| UNDERLYING CONDITION LAST. (C) | Yes in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bidg., NJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner |
| UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Day) (Year) 4 (140) (Deck) (Year) (APPROX.) 22. Certify that I held an Inquiry Inspection AT WORK ACTUAL SIGNATURE M.D. | Yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER |
| UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) 4 (Hay) (e.g., home, form, foctory, street, etc.) HOTTE COF INJURY (APPROX.) 3 20 66 PM m. WHILE AT NOT NOT WORK AT WORK ACTUAL SIGNATURE EXAMINER'S | Yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bidg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED |
| UNDERLYING CONDITION LAST. II | Yes IN CERTIFYING CAUSES OF DEATH? Yes In or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3-21-66 |
| UNDERLYING CONDITION LAST. II | Yes IN CERTIFYING CAUSES OF DEATH? Yes In or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3-21-66 |
| UNDERLYING CONDITION LAST. CO | Yes IN CERTIFYING CAUSES OF DEATH? Yes In or obout 21C, WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy and that on this basis, death in my apinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 3-21-66 |
| UNDERLYING CONDITION LAST. Column | Yes IN CERTIFYING CAUSES OF DEATH? Yes In or obout 21C, WHERE DID (If in Boltimore City, give exoct location) office bldg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy and that on this basis, death in my apinion Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 3-21-66 |
| UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | Yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bidg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER TO CREMATORY 23D. LOCATION (City, town, or county) WALLS ASSISTANCE (Stote) |
| UNDERLYING CONDITION LAST. (C) | Yes in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) office bidg., INJURY OCCUR? 711 W. Fayette Street 21F. HOW DID INJURY OCCUR? Stabbed in chest topsy X and that on this basis, death in my apinion Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ASSISTANT MEDICAL EXAMINER 3-21-66 or CREMATORY 23D. LOCATION (City, town, or county) WALLSAMOR A. C. |



(8 43261

| BIRTH NO. | MEDI | CALEX | CAMINER 5 CI | EKTIFICA | IE OF D | EAIH Registe | ered Na | | |
|--|---|------------------------|--|---|------------------------|---------------------------------|-------------------------|---------------------|--|
| M.E. CASE NO. | EASED | | | | 2. DATE AND | HOUR PRONOUNC | ED DEAD | | |
| (Type or Print) | CORNELTUS | DAM | | | March | 29, 1966 | 1.5 | 8:20 P M | |
| | MORE, MARYLAND, W | HERE PRONOL | | A. STATE | | eceased lived. It inst | titutian: residen | | |
| FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOCA | TION) | JTION, GIVE STREET | | nn (If outside ltimore | corparate limits, write | RURAL ON | give tawnship) | |
| 10 | 000 Webb Cour | t | | D. STREET ADDI | RESS (If rural, g | | | | |
| 5. SEX Male | 6. RACE White | WIDO WED, | NEVER MARRIED DIVORCED (specify) | 8. DATE OF BIRT | | 9. AGE (In years lost birthday) | If Under 1 Months Do | Yr. If Under 24 Hrs | |
| IOA. USUAL OCCU | | 108. KIND OF | | RY 11. BIRTHPLACE (State or foreign country) Holand 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |
| 13. FATHER'S NAM | E | | | 14. MOTHER'S M | | | | THE | |
| | D EVER IN U.S. ARMED (If yes, give war ar date | | 16. SO CIAL SECURITY NO. 216 03 5582 | Mr. John | n Donal | dson 10 | Address | onne Dn | |
| 18. | 15 | | | OF DEATH | | 20. | | TERVAL BETWEEN | |
| DISEASES OF RISE TO THE UNDERLYIN | NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. II IIIFICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING | NY, GIVING ATING THE | | | | | | | |
| 19A. DATE OF | | DITION FOR | WHICH OPERATION | 20A. AUTOPSY | | B. IF YES, WERE FI | | | |
| 21 A. EXTERNAL UNDERLYING UTING CAUS | OR CONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., i , form, lactory, street, o | in or about 21C. V | HERE DID (IF | in Boltimare City, gi | ive exact locati | ian) | |
| 21 D TIME OF INJURY (APPROX.) | (Manth) (Doy) (Year | | WHILE AT NOT WAT W | WHILE | ÓW DID INJUR | Y OCCUR? | | | |
| | ify that I held an I | - | Inspection X Aut | | | basis, death in r | | | |
| ACTUAL SIGNATU | . Fis | restu | _ [] | CHIEF M | EDICAL EXA | MINER | ı | DATE SIGNED | |
| EXAMIN NAME (T | | Breite | necker, M.D. | ASSOCIATE M | EDICAL EXA | MINER | 3-3(| 0-66 | |
| 23A. BURIAL CREA REMOVAL (Specify Cremat |) | | Greenmount | | 23D. LO | ltimore, | , tawn, ar caun | nty) (State) | |
| 24A. DATE REC'D | BY HEALTH DEPT. | 248, NAME | OF REGISTRAR | 24C. FUNER | AL DIRECTOR | INY, INC. | ADD | ress | |
| VS 151-REV. 1/1/6 | | - 12 Cm . 101 | and the same | | 6 | | | | |

Designation of the second standards Desiration ACCAGE Commonst Cacaters Intellege, M.C.



BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

IMPORTANI

DIRECTOR:

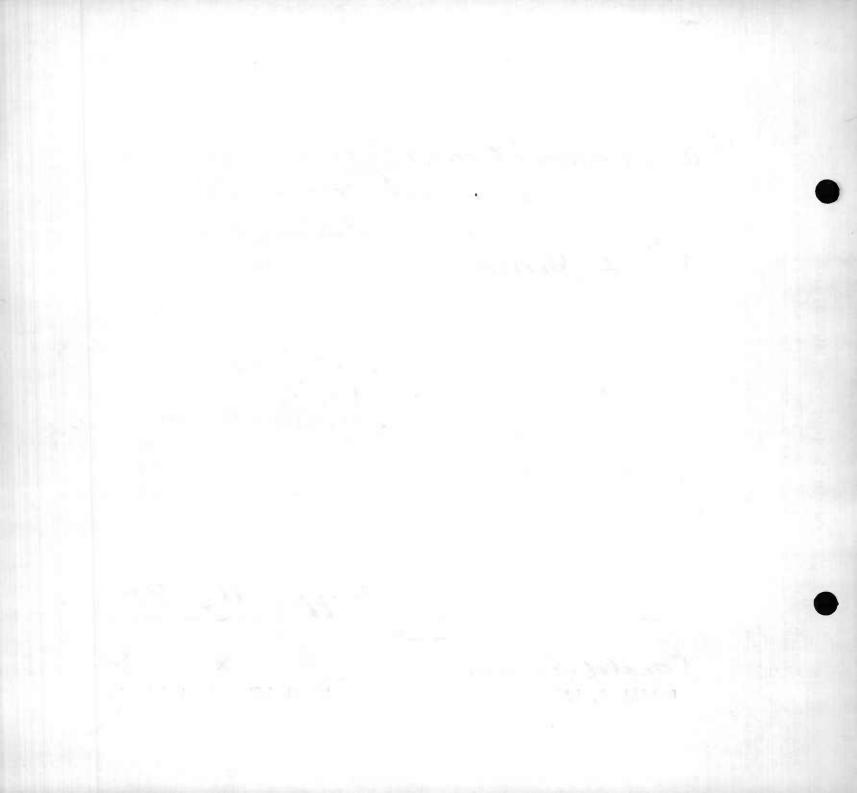
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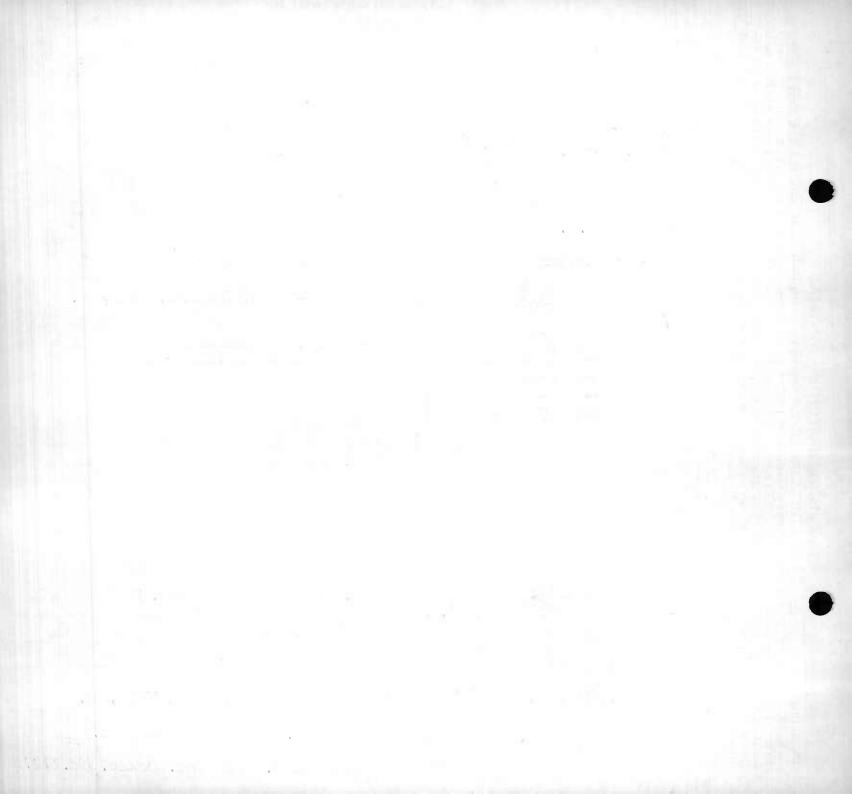
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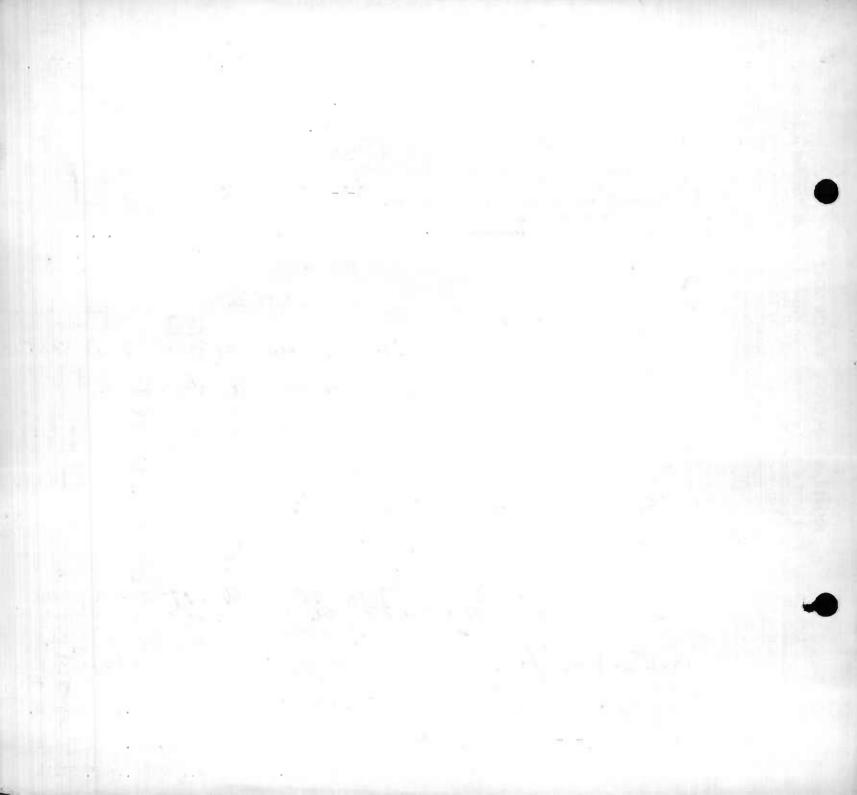
| BIR | 66 U3265 | | TE OF DEATH | Registered No. | H3265 |
|------------|---|------------------------------|---------------------------|------------------------------------|------------------------------------|
| M. | E CASE NO. | | | AND HOUR OF DEATH, | |
| (Ту | pe or Print) RUTH C. WH | EELEY | | 3/3// | 6611AM |
| 3. | PLACE OF DEATH IN BALTIMORE, MARYLAND | | 4. USUAL RESIDENCE (W | here deceased lived. If in | stitution: residence before odmis |
| | FULL NAME OF (If not in hospital or institution, giv | e steat | MARYLAND | | 6-12 |
| | HOSPITAL OR oddress of location) NSTITUTION | , c sacci | C. CITY OR TOWN (If | outside city limits, write | RURAL ond give fownship) |
| | | | BALTIMORE | | |
| 100 | THE JOHNS HOPKINS HOSP | PITAL | | (If rurol, give location) | |
| | | | 5204 FRANKI | | |
| | WIDOWED, | DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | Months Doys Hours M |
| | EMALE WHITE WIDOW | | 12-29 35 9 | | |
| | . USUAL OCCUPATION (Give kind of work 10B, KIND OF E e during most of working life, even if retired) | . / | | . / 1 | 12. CITIZEN OF WHAT COUNTRY? |
| | HOUSEWIFE OW | N HOME | | YORK | U.S. |
| 13. | FATHERS NAME | | 14. MOTHER'S MAIDEN N | | |
| | EDWIN PIKE | | SARAH JANI | E BOVIER | |
| 15. (Ye | Was Deceased Ever in U. S. Armed Forces? s,no or unknown)((if yes, give wor or dotes of service) | 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | 4 / | | MRS. BERN | AndinE F. | RANT (SAMI |
| - | 18. 4/3/4/1 | CAUSE O | F DEATH | IN TINE I | INTERVÅL BETWEEN |
| | DISEASE OR CONDITION DIRECTLY | | | | ONSET AND DEATH |
| | LEADING TO DEATH | (A) | 0NGEST | IYE | 4 yea |
| | (This does not mean the made of dying, e.g., healt foilure, asthenio, etc. It means the disease, | DUE TO | HEAR) | FAILU, | RE |
| | injuly of complication which coused death.) | 7 | | V/A | / DA |
| | ANTECEDENT CAUSES | DUE TO | | | |
| | DISEASES OR CONDITIONS, it only, giving rise to the above couse (A) stoting the | (C) | | | |
| | UNDERLYING CONDITION lost. | | | | |
| 7 | II | | | | |
| TION | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | | | | |
| ICA | 19A. DATE OF OPERATION 19B. CONDITION FOR WI | HICH OPERATION | 20 A. AUTOPSY? (Yes or | No. 208. IF YES, WERE | FINDINGS CONSIDERED USES OF DEATH? |
| RTIF | WAS PERFORMED | | NO | IN CERTIFYING CA | USES OF DEATH? |
| CE | 21A. ACCIDENT WAS UNDERLYING 21B. POR CONTRIBUTING CAUSE OF home, | LACE OF INJURY (e.g., in | or obout 21 C. WHERE DID | (If in Boltimor | e City, give exact location) |
| CAL | DEATH (notify medical examiner) | , losting locally, sheet, of | Jogg, Hitoki GCCOK: | | |
| EDIC | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, 1 | NJURY OCCURRED | 21F. HOW DID I | NJURY OCCUR? | / |
| S | (APPROX.) While | Not While At Work | e | | |
| | 22. I certify that (I) (this haspital) attended the | | 3/30 | 19 CC10 | 3/3/ 19 (|
| | that (I) (w) last saw the deceased alive an | -/- | , / | | inion death accurred an the |
| | and haur ond from the causes stoted abave. (1) | | | | The second of the |
| | 23A. SIGNATURE | (310) (410 MOT) V | tow the budy utter deat | 110 | 238, DATE SIGNED |
| | Jan Shank | M.D. Alte | ending Med. | Stoff | 3/3/ |
| | 23C. PHYSICIAN'S | Phy | s. Director 23 D. ADDRESS | Phys. | |
| | NAME (Type) | HENK M.D. | 55 | UN. B | ROADWAY |
| 24 | A. BURIAL CREMATION, 248, DATE / 24C. NAM | ME of CEMETERY OF CRI | MATORY 24D. | SALTO, | ity, town, or county) (St |
| | REMOVAL (Specify) | 1+ 11/1+ 11 | 10 EM | B11- | 7 |
| 25 | DURIA HALTH DEPT. 288. NAME OF | 10. JUH 110NA | 25C. FUNERAL DIRECT | 00 | IMORE ! |
| | A DATE REC'D BY HEALTH DEPT. 228. NAME OF | Dil. | CONTRACT DIRECT | T. Poul 7 | - 10 Balta 111 |
| 9 | 150 PEV 1/1/45 | | LEONHRO S | NUCK, I | NC, DH110.14,1 |
| ø | 150-REV. 1/1/65 | | | | |

CONGRETIVE HEART FALLIKE FAROMALA front mal AN SHENK

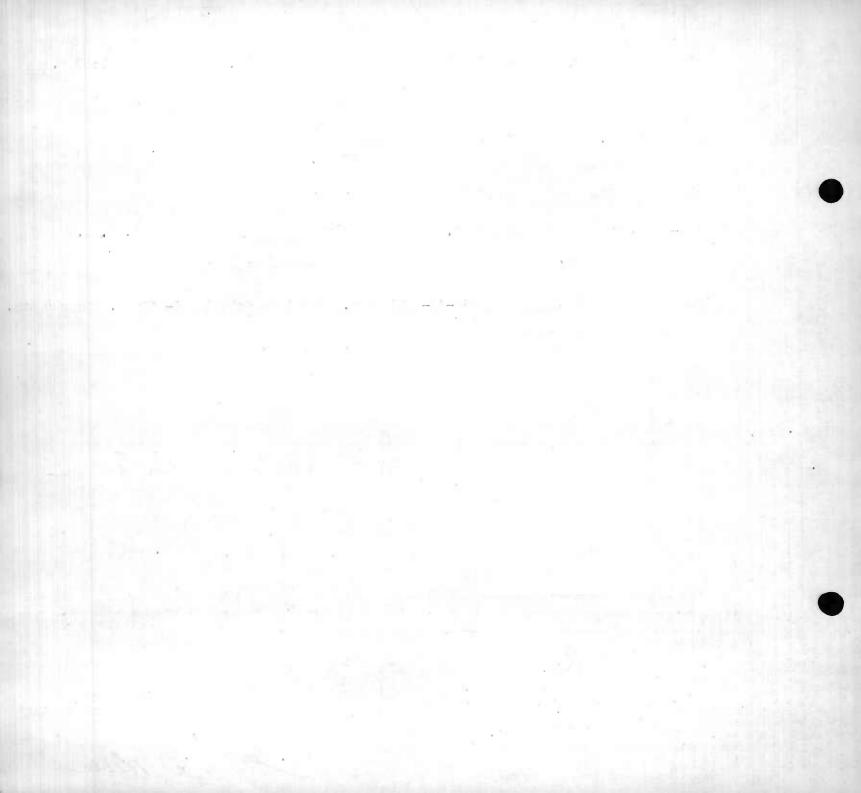
| | 66 | 1.3266 | | | BALTIMORE CITY HEAL | TH DEPART | MENT | | 00 | .0000 |
|---------------|-----------------------------------|---|-------------------------------------|------------------------|--|---------------|----------------|--|-------------------|---------------------------------------|
| BIRTH | NO. | MI | EDICAL | . E> | AMINER'S C | ERTIFIC | ATE OF | DEATH Regist | ered No. | 13266 |
| - | CASE NO. | | | | | | | | | |
| 1. NA | or Print) | EASED | | | | | | ID HOUR PRONOUNC | | |
| | | | WARNER | | | | | h 30, 1966 | | 11:20 A |
| 3. PL A | ACE IN BALT | IMORE, MARYLANI | D, WHERE PE | ONO | INCED DEAD | A. STATE | | deceosed lived, If in: | stitution: reside | ence before odmis |
| FULL | NAME OF | (IF NOT IN HO | SPITAL OR I | NSTITU | JTION, GIVE STREET | C CITY OF | Maryland | 1 de corporate limits, wri | to PIIPAL on | d give township) |
| IN STIT | TUTION | ADDRESS OR L | OCATION) | | | 0. 0 0 | Baltimon | | 91 | 26 |
| 2 | | JOHNS HOPK | INS HOS | PIT | AL - DOA | D. STREET | 2926 Har | ford Road | THE RES | |
| 5. SEX | | 6. RACE | | | NEVER MARRIED DIVORCED (specily) | B. DATE OF | BIRTH | 9. AGE (In years lost birthday) | If Under | 1 Yr. If Under 24 Doys Hours , N |
| M | lale | White | WIDO | | arried | June 1 | 5, 1890. | ×25 75 | | Poys Hours N |
| | | | | ND OI | BUSINESS OR INDUSTRY | | | | 12. CITIZE | N OF |
| | tired F | working life, even if reti Painter | red) | | | | Maryland | | | USA |
| | THER'S NAM | | | | | 14. MOTHER | S MAIDEN NAM | NE . | | |
| 4 | | William | | | | | | Unknown | | |
| | | O EVER IN U.S. AR | | | 16. SO CIAL SECURITY NO. | 17. INFORM | | | ADDRESS | |
| | No | | | | 219-01-0041A | Mrs. S | Shirley R. | Warner | (Same | e) |
| 18 | DISEAS (This does report foilure, | I SE OR CONDITION LEADING TO DE not meon the mod osthenio, etc. It m application which cou | ATH e of dying, neons the dis | e.g., eose, | | oscler | | lovascular d | | INTERVAL BETWE |
| NO. | DISEASES | INTECENDENT CA OR CONDITIONS, E ABOVE CAUSE (MG CONDITION LA | IF ANY, GIV | | (B) DUE TO | | | | | |
| CERTIFICATION | TO THE | II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAU | RELATED | TO T | HE | | | | | |
| A 19 | A. DATE OF | | PERFORMED | | WHICH OPERATION | 20A. AUT | no | 208. IF YES, WERE F | | |
| | | CAUSE WAS OR CONTRIB- SE OF DEATH. | | 21 B. home etc.) | PLACE OF INJURY (e.g., form, foctory, street, c | in or obout 2 | | (If in Boltimore City, g | give exoct loc | otion) |
| 2 21 | TIME FINJURY | (Month) (Doy) | (Yeor) (Hou | Je) 2 | TE. INJURY OCCURRED | 21 | F. HOW DID INJ | URY OCCUR? | | |
| (A | APPROX.) | | | m. V | VHILE AT NOT | ORK | | die s | SHEET STATES | |
| 22 | 2. 1 cert | ify that I held an | Inquiry | | Inspection X Aut | apsy | and that an th | is basis, death in | my opinian | |
| | | ted fram: Natura | | | ccident Suicid | | | Undetermined mann | | |
| | | 1 | 11 | 0 | 7/ | | F MEDICAL E | | | |
| | ACTUAL | | 201 | 11 | D.V. | | IT MEDICAL E | | | DATE SIGNE |
| | SIGNAT | . //// | W | Con | M.D. | | TE MEDICAL E | and the same of th | 3- | 30-66 |
| | EXAMIN | . /211/14/ | ger Bre | ite | necker, M.D. | ASSOCIA | E MEDICAL E | VWWINEK [| 3 | 00 |
| | BURIAL CRE | MATION, 23B. DAT | E | 23 | C. NAME OF CEMETERY O | CREMATO | RY 23D. | LOCATION (Cit | y, town, or co | ounty) (Stote |
| | Burial | / | ./66. |] | Loudon Park Ce | | | | more, M | ſd. |
| 24A. I | DATE REC'D | BY HEALTH DEPT. | 248, N | delli | OF REGISTRAR | 24C. FU | JNERAL DIRECTO | | | DDRESS |
| A | IPR 1 | 1955 (1) 0 | 3 2, | atra. | Beeful | Leon | ard J. Ru | ck Inc. Bal | to. Md. | 21214 |

VS 151-REV. 1/1/65

(ema) common of the contract (common the . b . prontela. lyl/on, foldon the unity The Language of Lord Extra Extra 12021



| BIRTH NO. | 66 0320 | 30 | CERTIFICA | TE OF DEATH | Registered No | .66 13268 | | |
|----------------------------------|---|---|------------------------------|---|----------------------------|--|--|--|
| M.E. CASE NO. | EASED | | | 2. CATE | AND HOUR OF DEAT | Н | | |
| Tyne or Pont) | | a. Calor | d to miled | | | | | |
| PLACE OF DEA | Joseph Franci | S: CZTS | TUSKI | Marc | n 30, 1966 | 7:50 a. | | |
| . PEACE OF DEA | THE BALLINGUE, MA | ILAND | | A. STATE B. CO | UNTY | Institution: residence before damis | | |
| FULL NAME O | F (If not in hospital a | or institution. | give sheel | Maryland | | 4-02 | | |
| HOSPITAL OR | oddiess or location |) | give wheel | | outside city limits, write | e RURAL ond give township) | | |
| INSTITUTION | | | | | | | | |
| | 119 N. Luzern | e Aven | ie. | Baltimore D. STREET ADDRESS | (If rural, give location) | | | |
| | | | | | | | | |
| | 1 | | | 119 N. Luze | | | | |
| SEX | 6. RACE | | D, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years | Months Doys Hours M | | |
| Malle | White | Marr | | Jan, 9th, 1894 | lost birthdoy | | | |
| | | | | 11, BIRTHPLACE (Stole or | foreign country) | 12. CITIZEN OF | | |
| one during most of | working life, even if retired) | | 44 | | | WHAT COUNTRY? | | |
| Fire-fig | | Fire | Dept. | Poland | | U. S. A. | | |
| FATHER'S NAM | AE | | | 14. MOTHER'S MAIDEN NAME | | | | |
| II-Ti-mb | 0-1 | | | 20.7 | | | | |
| | Czlapinski | | D (special | Malgorzata | Kunacki | 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | |
| es, no or unknown | Ever in U. S. Armed Fore | s of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | | |
| Yes | World War T | | 217-48-2251 | Man Canada | - C-l | 110 N T | | |
| 1B. 07 | MOTTO MAT. 1 | | | OF DEATH | e czrabinski | - 119 N. Luzerne | | |
| DISEASES COMES TO THE DISEASE OR | ANTECEDENT CAUSES OR CONDITIONS, il of obave couse (A) of CONDITION last, Il FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I | ony, giving stoting the ONTRIBUTIN TED TO THE | • | feter and a | luodenel ul | lus years | | |
| 0 | WAS PERF | ORMED | | | IN CERTIFYING C | CAUSES OF DEATH? | | |
| OR CONTRIBL | NT WAS UNDERLYING DITING CAUSE OF medical examiner | hon etc. | ne, form, foctory, street, o | in or obout 21 C. WHERE DIE office bldg., INJURY OCCUR | ? (If in Boltim | one City, give exact location) | | |
| 21D. TIME | (Month) (Doy) (Year) | (Hour) 21 E | INJURY OCCURRED | 21F. HOW DID | INJURY OCCUR? | | | |
| OF INJURY | | | ile At Not Whi | | | | | |
| (APPROX) | | Wo | rk | | | | | |
| 22. I certify | that (1) (t his hospit al | attended t | he deceased from | Jan | 19 6 0 to O | 19.6 | | |
| that (1) (we) | last saw the decease | d alive on | Mar. 23 | 19 66 and | that in (mv) (our) a | pinian death occurred an the | | |
| | | | | | | The second secon | | |
| | | ed abave. (| i/ (did not) | view the bady after dear | ih. | | | |
| 23A. SIGNATU | KE 1 | 70 | 10 | . / | 6. " | 238, DATE SIGNED | | |
| Bugs | mund 16. | 1 low | M.D. At | dending Med. | Stoff Phy s. | Clas. 1 196 | | |
| 23C. PHYSICIA | N'S | | | 23D. ADDRESS | | 2 6 | | |
| NAME (T | ype) D | A | WOLC | Has CD | 10- (1 | 2 th C. | | |
| 3/6/ | MUND 1 | , /VU | WHK M.D. | 100 0:14 | Mism V. | avi ux. | | |
| AA. BURIAL CRE | MATION, 248. DATE | 24C.N | AME of CEMETERY or CE | REMATORY 24D | LOCATION | (City, town, or county) (Sta | | |
| Burial | 4/2/66 | St. | Stanislaus Ce | meterv | Baltimore, Mar | ryland | | |
| | | | | | | A B D B C C | | |
| JA. DATE REC'D | BY HEALTH DEPT. | dute | OF REGISTRAR | George A.W | eper 705 S.A | nn Stal ADDRESS | | |
| ADD 1 | 1888 10 0 | y SI WIT | Bull A | 0 10 0-2 | Theorge 4 | Weller | | |
| S 150-REV. 1/1/ | 55 | | | | V | | | |

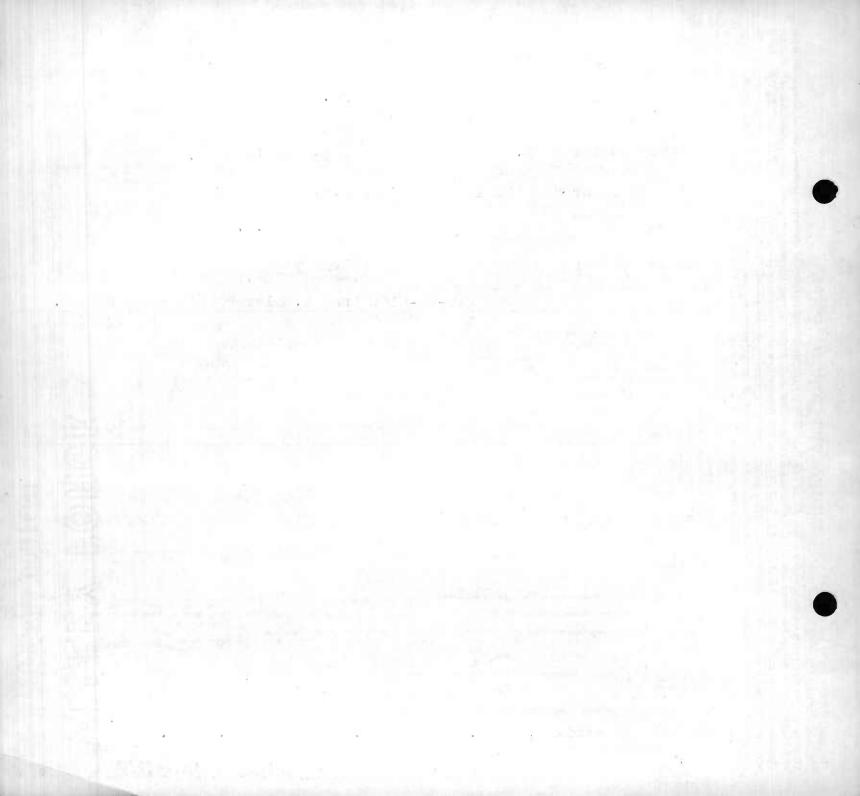


FUNERAL DIRECTOR: IMPORTANT

| | 66 037 | 269 | BALTIMORE CITY | HEALTH DEPARTMEN | 1X | S 82260 |
|----------------------------|--|----------------------|--|---------------------------|-----------------------------------|---|
| BIRTH NO. M.E. CASE NO. | | +00 | CERTIFICA | TE OF DEATI | H Registered No | 0 1115011 |
| I. NAME OF DE | CEASED | | | 2. DAT | AND HOUR OF DEATH | 3 |
| Type or Print) | Mant and Water | | | 2 (| 20 66 | 6.00 |
| PLACE OF DI | Marion Watson | | | 4. USUAL RESIDENCE | 29-66 Where deceased lived, If | institution; residence before admission |
| FULL NAME | OF (If not in hospital | or institution, give | e street | Pennsylvani | La | V135 |
| HOSPITAL OR | | 3 | na Home | Philadelphi | | RURAL and give lownship) |
| deorge a | Tashington Car | AGL Mar. 21 | ing nome | D. STREET ADDRESS | (If rurol, give location) | |
| 5. SEX | 6. RACE | 7. MARRIED, NI | EVER AAA BRIED | North 40th | 9. AGE (In years | If Under 1 Yr. , If Under 24 Hrs. |
| male | Negro | never n | DIVORCED (specify) | May 1891 | lost birthdoyl | Months Doys Hours Min. |
| | CUPATION (Give kind of wor f working life, even if retired) | 108. KIND OF BI | USINESS OR INDUSTRY | 11. BIRTHPLACE (State or | foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Mechanic | | | | Tiwominu | 176) | U.S. A. |
| 3. FATHER'S NA | | | | 14. MOTHER'S MAIDEN | NAME | |
| 200 | 10 1 | | | Onthone C | - d 6 | |
| Thomas V | Vatson d Ever in U. S. Armed Fo | 1000? | 6. SOCIAL | Catherine G | odirey | ADDRESS |
| Yes, no o unknow | (If yes, give wor or dot | es of service) | SECURITY NO. | INFORMANT | | ADDKE22 |
| Y 85 | W.W. I | 1. | 0 -01-879 | Chart #530 | 607 Pennsylv | ania Avenue |
| 1B. 3 | 3/ / 1 | | CAUSE O | | | INTERVAL BETWEEN |
| DISEA | SE OR CONDITION DI | RECTLY | 2 | 10 11 | 1 | ONSET AND DEATH |
| | LEADING TO DEATH | | (A) CV | 14- Hemor | rhoge | 3 days |
| | nal mean the made of , asthenio, etc. 11 means | | DUE TO | | 7 | |
| injuly at ca | mplication which caused | deoth.) | C | Melinia | 500 | Un kno. |
| | ANTECEDENT CAUSES | | (B) | n, wower | Jucara | de de desp |
| DISEASES | OR CONDITIONS, if | anv. aivina | DUE 10 | · / | -A-A | |
| rise la f | he abave couse (A) | | (C) Ch | von Deer | maker | 1 year |
| UNDERLYIN | IG CONDITION lost. | | | • | | ' |
| E TO THE | II NIFICANT CONDITIONS (DEATH BUT NOT REL | ATED TO THE | Chronic | Ulcustion | 20 Files | to Zworth |
| | F OPERATION 198 CON | IT. | | 20A. AUTOPSY? (Yes | A | E FINDINGS CONSIDERED |
| 19A. DATE C | WAS PER | | TOTAL STERMING | No | IN CERTIFYING C | AUSES OF DEATH? |
| OR CONTRIE | ENT WAS UNDERLYING DUTING CAUSE OF | | ACE OF INJURY (e.g., i form, foctory, street, o | n or obout 21 C. WHERE DI | D (If in Boltime | ore City, give exoct locotion) |
| 21 D. TIME | (Month) (Doy) (Year) | (Hour) 21 E. IN | JURY OCCURRED | 21 F, HOW DID | INJURY OCCUR? | |
| OF INJURY | | While | At Not Whi | | | |
| (APPROX) | | Work | At Work | | | |
| | y that (1) (this haspite | | | June 2 | 1963 10 7 | narch 29 19 66 |
| that (I) (we | last sow the deceos | ed alive on | march | 25 1966 an | d that in (my) (our) a | pinion death occurred on the dat |
| | | | | view the body ofter dec | | |
| 23A, SIGN AT | | , Obave, (1) | (gra) (ala nor) | THE DOGY OTTER CO | 21110 | 23B DATE SIGNED |
| | 66 Klas | A | M.D. Att | ending Med. | Stoff - | 3/2-100 |
| 000 0000 | CENO | | Phy | s. Director L | Phy s. | 3/30/66 |
| PHYSICI NAME | Type E. E. A | Holt | M.D. | 3715hiher | ty Hote A | we Bultimore und |
| 24A. BURIAL CR | EMATION, 248. DATE | 24C. NAM | E of CEMETERY OF CR | EMATORY 24 | D. TOCARON 7 | City Joysh, or county) (Stote) |
| Buria | (Specify) 4/1/14 | 16/3as | to Hallon | al Cem. | Ballo 91 | lat |
| 25A. DATE REC | D BY HEALTH DEST. | 25B. NAME OF | | 2SC. FUNERAL DIREC | TOR I | ADDRESS |
| APR // 1/1 | 1966 (1) Con | 8 Fall | 2017 | VIIIII | A LAMING HOW | ne sign schwedus |



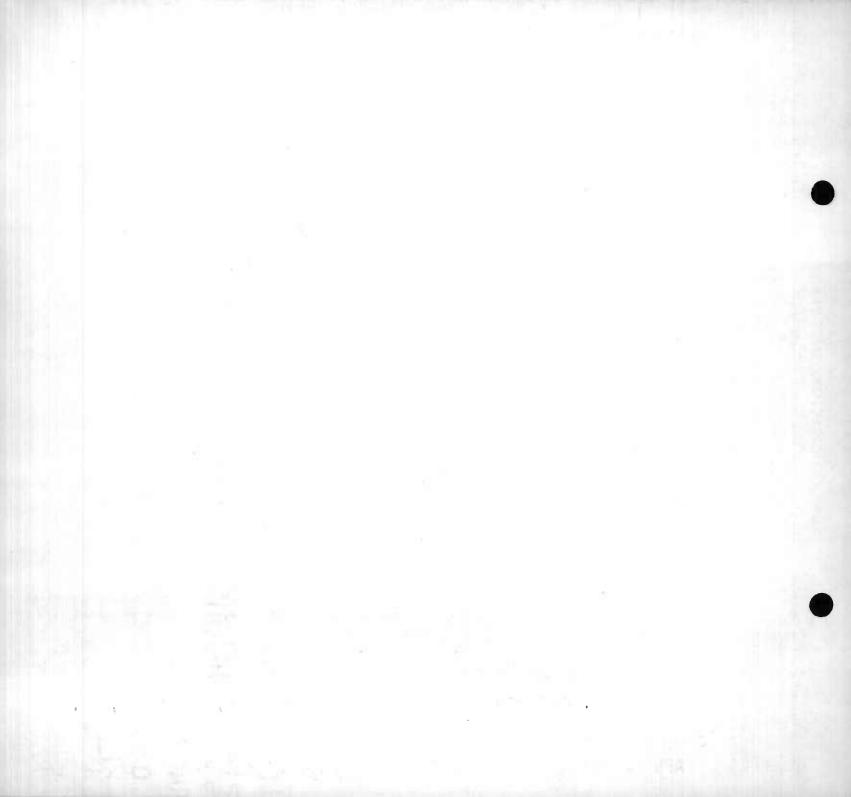
| BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) AMOS GLOVER 2. DATE AND HOUR OF DEATH (Type or Print) AMOS GLOVER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution: re B. COUNTY Md. C. CITY OR TOWN (If autside city limits, write RURAL one Balto D. STREET ADDRESS (If rurol, give location) 2603 Spellman Rd. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under | residence befare admission |
|---|---|
| (Type or Print) AMOS GLOVER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution: real and a strate between the country balton: real and a strate between the country balton. FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL once balto) D. STREET ADDRESS (If rurol, give location) 2603 Spellman Rd. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | 33 |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) 2603 Spellman Rd. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution: re Md. C. CITY OR TOWN (If outside city limits, write RURAL onc) Balto D. STREET ADDRESS (If rurol, give location) 2603 Spellman Rd. 5. SEX 6. RACE [7. MARRIED, NEVER MARRIED] 8. DATE OF BIRTH [9. AGE (In years) If Under | 33 |
| FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) 2603 Spellman Rd. Md. C. CITY OR TOWN (If outside city limits, write RURAL one Balto) D. STREET ADDRESS (If rurol, give location) 2603 Spellman Rd. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | 33 |
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| D. STREET ADDRESS (If rurol, give location) 2603 Spelman Rd. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under | |
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| SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under | |
| | der 1 Yr. , If Under 24 Hrs |
| Male Colored Single MAR. 5, 1894 ost birthdoy 72 | S Doys Hours Min. |
| DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITI | TIZEN OF HAT COUNTRY? |
| Laborer Tarboro N.C. | |
| 3. FATHER'S NAME | |
| Andrew Glover Abbey Hyman | |
| 15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | ADDRESS |
| No 218-07-8160 Anna E. Glover 2603 Spells | lman Rd. |
| 33/1 | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CERETS ROVASCULAR | |
| (A) CERES ROVASCUAR (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which coused death.) | *************************************** |
| injury or complication which coused death.) | |
| ANTECEDENT CAUSES (B) DUE TO | drý d' C C fran man C fricin an a C gan lý frá w di C C da an a fríjsku d C g C C C C C C |
| DISEASES OR CONDITIONS, it ony, giving rise to the above couse (A) stoting the (C) | |
| UNDERLYING CONDITION Iosl. | 20 20 m3 1 0 0 0 1 1 0 1 1 0 0 20 0 0 0 0 0 1 0 0 0 1 1 1 1 |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I | S CONSIDERED |
| | |
| 21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notilly medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? | ive exact location) |
| 21D. TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not White | |
| (APPROX) While At Not While At Work | |
| 22. I certify that (I) (this hospital) attended the deceased from 1 3 10 19 65 to | 3/29/1966 |
| that (1) (we) lost saw the deceased alive on | ath occurred on the da |
| and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. | |
| 23A. SIGNATURE Charles And M.D. Attending Med. Stoff 23B. DAT | ATE SIGNED |
| Phys. Director Phys. | 5/30/66 |
| PAREITY OHN S. BRANCON UR.M.D. 23D. ADDRESS FILLVIEW RD | / |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or REMOVAL (Specify) | or county) (State) |
| Burial April 1,66 Mt. Auburn Cem. Balto. Md. | |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR | ADDRESS |
| APR 1 1966 O Don & E. Farberns Williams Finisal Home 319 | 7 11 Ministall |



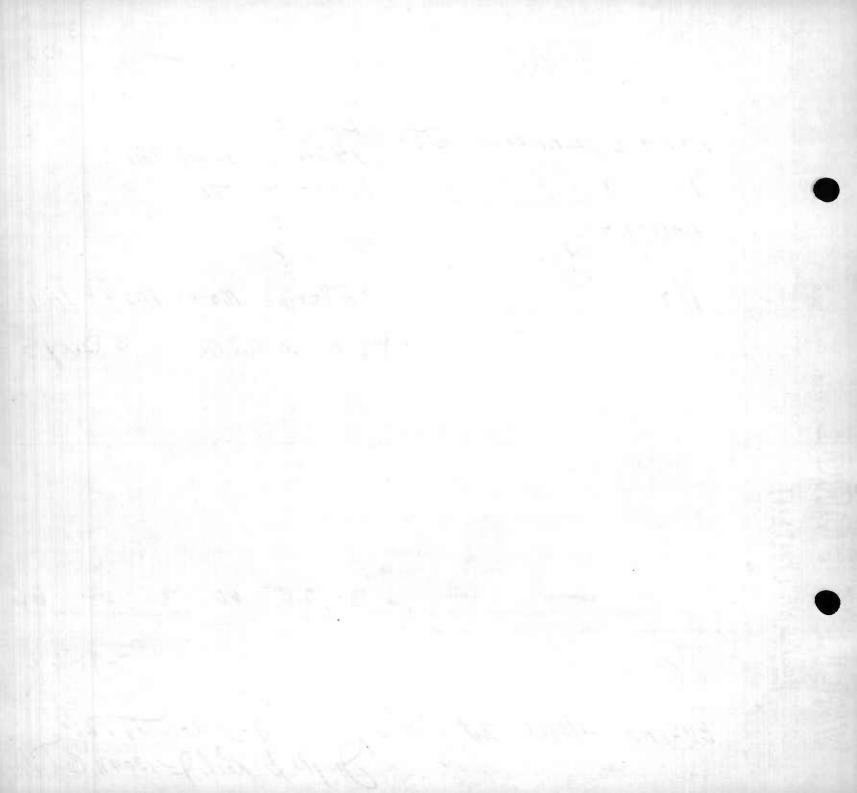
IMPORTANI

DIRECTOR:

FUNERAL



| WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. MOORE 14246. LH | | | 60 0 | () TIO | TIMORE CITY | HEALTH DEPARTME | NT | |
|--|--------|--------------------------|---|-----------------------|------------------|--|--|---|
| 1. NAME OF DECEASED TYPEL NAME OF DEATH IN BALTIMORE, MARRIAND 3. PLACE OF DEATH IN BALTIMORE, MARRIAND THE NAME OF ORDERS OF COUNTY OCCUPATION (If not in hospitel or institution, give sheet odders of locotion) ALSUAL RESIDENCE (Where, deceased lived, if institution residence before of the county of the cou | | | 66 03 | CE CE | RTIFICA | LE OL DEV. | TH Registered h | 66 03273 |
| TULL NAME OF OF MOSPITAL OR Oddess or locotion) WASTITUTION A. STATE 8. COUNTY Oddess or locotion) C. CITY OR TOWN If Dutside city limits, write RUBAL and give tranship D. STREET ADDRESS Ul rurol, give locotion) D. STREET ADDRESS Ul rurol, give locotion D. STREET ADDRESS Ul rurol, give loc | 1. NA | ME OF DECEASED | Rober | T HU | INTE | R | 3-30-9 | 466 7 4 |
| HOSPITAL OR NOTITIAL OR NOTITI | 3. PL | ACE OF DEATH IN 8 | ALTIMORE, MARYLAN | ND | | 4. USUAL RESIDENC A. STATE 8. | E (Where deceased lived. COUNTY | If institution: residence before od |
| SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 1. ACCUPATION (Give kind of work) [lost kighdow). Michael Months: Doys House Marriang most of working nost o | H | OSPITAL OR od | not in hospital or ins Idress or location) | titution, give street | | C. CITY OR TOWN | (If outside city limits, we | rite RURAL and give township) |
| 5. SEK S. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years bighdow) 10. Under 1 Yr. 10. Und | 1, | 4746 | / ANV | ALE - | 5%, | D. STREET ADDRESS | III rurol, give location | |
| MONTH DOWED, DIVORCED (specify) 10. USUAL OCCUPATION (Give kind of work 168, KIND OF BUSINESS OR INDUSTRY 31. BIRTHPLACE (Stote of foreign country) 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heatifality, astherio, etc., li means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITION S, and giving rise to the above cause (A) stating the UNDERLITING CONDITION lost. TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BOTON RELADED TO THE DEATH BOTON RELADED TO THE DISEASE OR CONDITION CAUSING T. 19. A CAUSE OF OPERATION (C) 19. A CAUSE OF OPERATION 20. A AUTOPSY? (Yes or No) 19. CAUSE OF OPERATION 20. A AUTOPSY? (Yes or No) 19. CERTIFFING CAUSES OF DEATH? (II in Boltimore City, give exect locobion) 19. CONTRIBUTING OR CONTRIBUTING | | | | | | 1424 | E. LAN | IVALE |
| done during most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no glockhown) [III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS CAUSE OF DEATH INTERVAL BETW ONSET AND DE ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) DUE TO OTHER SIGNIFICANT CONDITIONS, if any, giving rise to the obove cause (A) slotling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH AND CAUSE OF DEATH SURVEY CAUSE OF DEATH? 218. PLACE OF INJURY (a.g., in or obout 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH? 20 OR CONTRIBUTING CAUSE OF DEATH? 21 OR CONTRIBUTING CAUSE OF DEATH? AND CONTRIBUTION CAUSE OF DEATH. AND CONTRIBUTION CAUSE OF DEATH? AND CONTRIBUTION CAUSE OF DEATH. AND CONTRIBUTION CAUSE OF DEATH. AND CONTRIBUTION CAUSE OF DEATH? AND CONTRIBUTION CAUSE OF DEATH. AND CONTRIBUTION CAUSE OF DEATH. AND CONTRIBUTION CAUSE OF DEATH. AND CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUT | 1 | m. C | . w | IDOWED, DIVORCE | D (specify) | 12-2-9 | 4 lost birthdoyi | If Under 1 Yr. If Under Months Doys Hours |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no go dunknown) (III yes, give wor or dates of service) 18. | | | | KIND OF BUSINESS | OR INDUSTRY | 1. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 18. CAUSE OF DEATH | 13. 5 | ADOFER | | | | 4. MOTHERS MAID | FN NAAAF | MILL MARKET |
| OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING CAUSE OF DEATH? 21.A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 21.D. TIME (Month) (Doy) (Yeor) (Hour) While At Mork Work Not While At Work Not Work Not Work Not While At Work Not Work Not While At Work Not | - 34 F | CHER'S HAME | 7 | | | - MOTHER'S MAID | > | |
| 18. GAUSE OF DEATH INTERVAL BETWONSET AND DE LEADING TO DEATH CThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION to the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OF INJURY (APPROX.) 21A. ACCIDENT WAS UNDERLYING CTHOUR CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (Notify medical examines) CTHOUR CAUSE OF DEATH? OF INJURY (APPROX.) CHour) CTHOUR CAUSE OF DEATH (Notify medical examines) CTHOUR CAUSE OF DEATH? OF INJURY (APPROX.) CTHOUR CAUSE OF DEATH (Not While At Work At W | 15. W | as Deceased Ever in U | J. S. Armed Forces? | | | | | |
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| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION COUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (e.g., in or about 21C. WHERE DID home, farm, loctory, street, office bidg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work While At Work Not While At Work While At Work 21F. HOW DID INJURY OCCUR? | | B. 493 V | 1 | | CAUSE OF | | | INTERVAL BETWE |
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EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

23A. BURIAL CREMATION, REMOVAL (Specify)

V\$ 151-REV. 1/1/65

Charles S. Petty, M.D.

1958 M.O. 25 8, Felluma

23C. NAME OF CEMETERY OF CREMATORY

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| M.E. CASE NO. | ,,,, | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
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| | IMORE MARYLAND, | | | A. STATE | ENCE (Where de | ceosed lived. If insti B. COU | tution: resider | nce before o | dmi s sior |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPI ADDRESS OR LOC | ATION) | ON, GIVE STREET | 11 | vn (If outside o | corporate limits, write | RURAL ond | give townsh | ip) |
| 339 E. | . 22nd Stree | t | | D. STREET ADD | RESS (If rurol, gi | | | - | |
| 5. SEX Female | 6. RACE Negro | 7. MARRIED, NI WIDO WED, DIV | EVER MARRIED /ORCED(specify) | B. DATE OF BIRT | 1906 | 9. AGE (In years lost birthday) | If Under 1 Months D | Yr. If Under | Min. |
| done during most of w | PATION (Give kind of wo | rk 108, KIND OF B | USINESS OR INDUSTR | YII. BIRTHPLACE | (State or foreign | | 12. CITIZEN WHAT | OF COUNTRY? | |
| 13. FATHER'S NAM | anel | | | 14. MOTHER'S M | | | 5,63 | | |
| 15. WAS DECEASE (Yes, no or unknown) | D EVER IN U.S. ARME | D FORCES? | SECURITY NO. | 17. INFORMANT | · 0. 2 | De h | ADDRESS 236 | 3 5 0 | ma |
| 11B. | | | CAUS | E OF DEATH | ruy 1 | . Downer | 11 | TERVAL BE | TWEEN |
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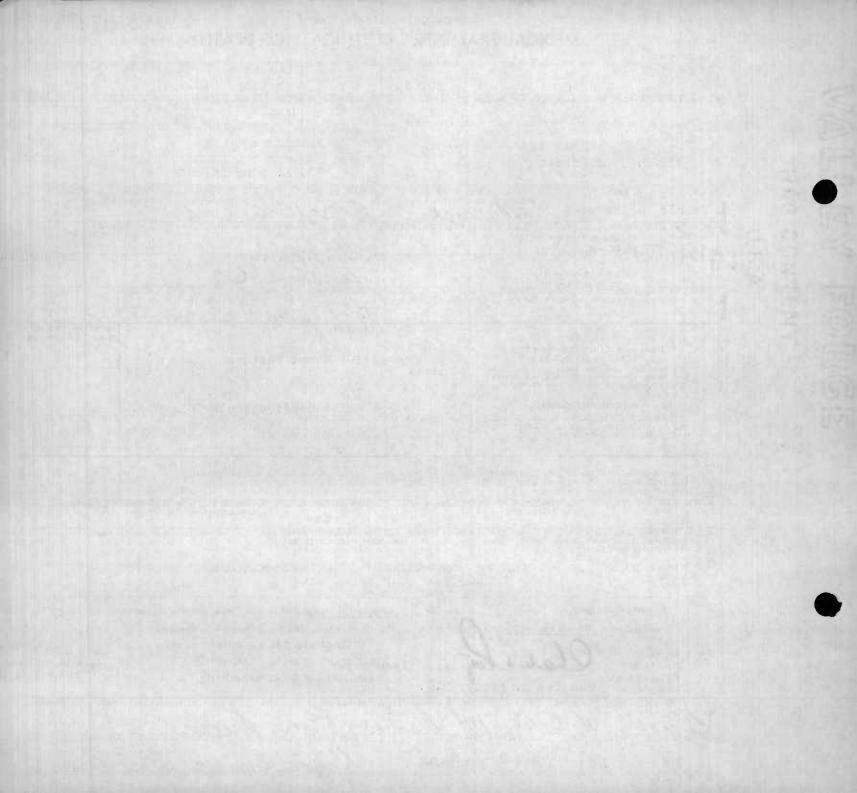
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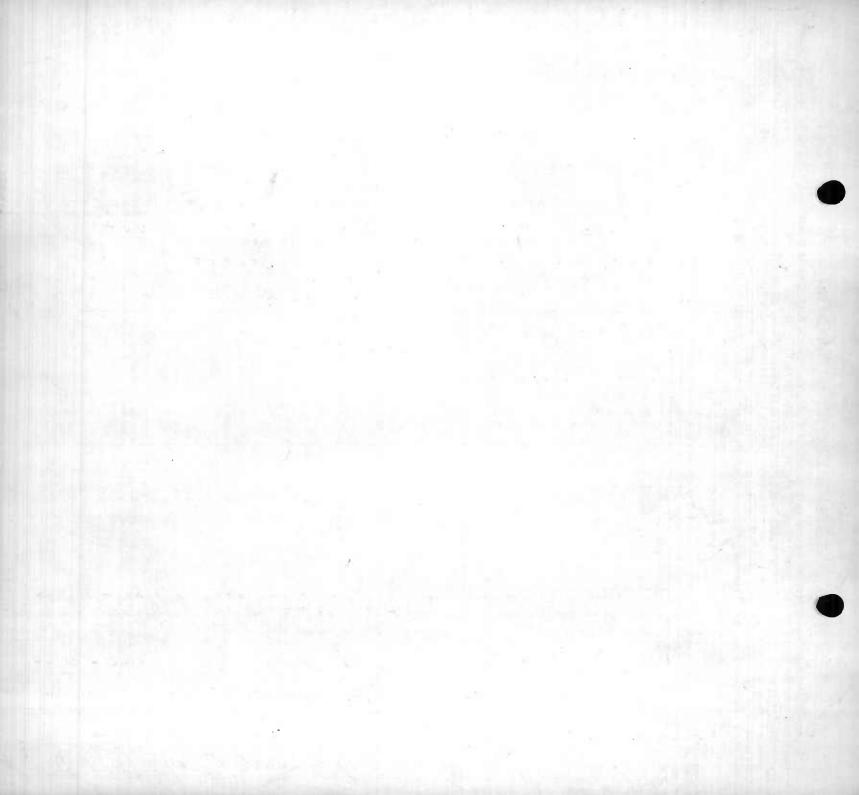
23D. LOCATION

3/31/66

ADDRESS

(City, town, or county)





IMPORTANT

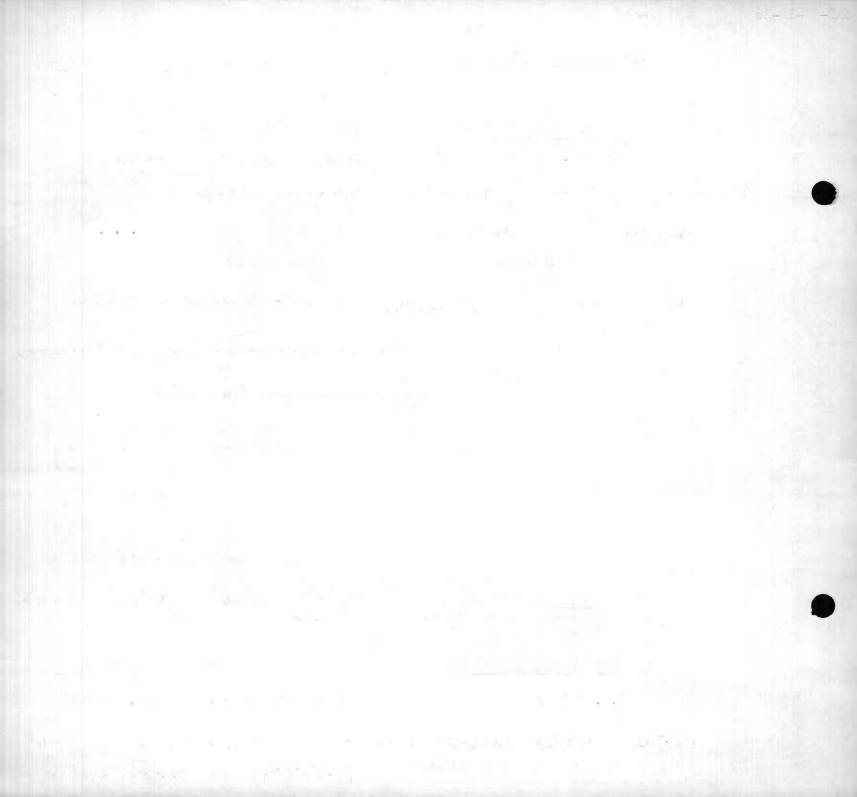
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South Baltimore General flosp. 888 W. Lombard St.

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BALTIMORE CITY HEALTH DEPARTMENT

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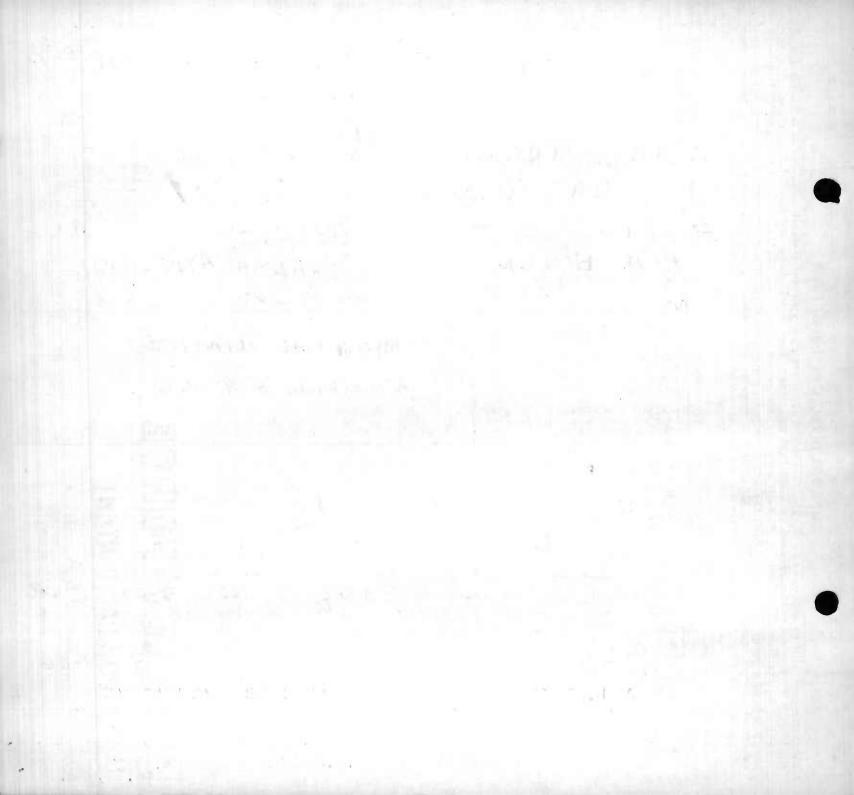
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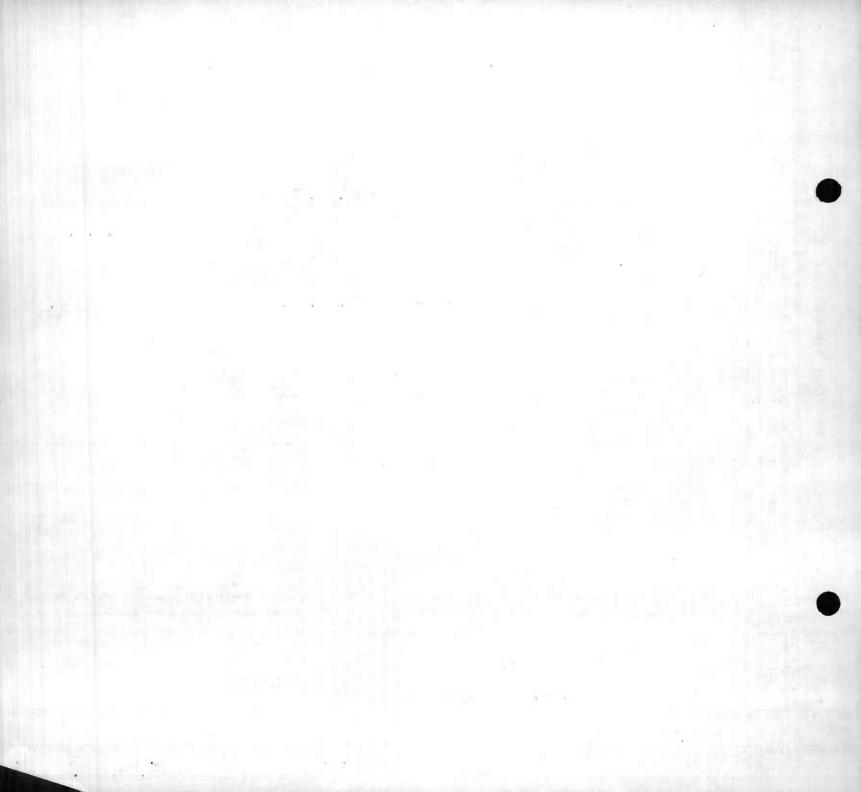
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| | 0 - 0 - 5 | 23C. PHYSICIAN'S 123D. ADDRESS |
| | was r An a L at prior | MANUELTE NA H. GROSS M.O. UNION MEMORIAL HOSPITAL |
| | * 9 7 7 | 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) |
| | E 700 - | |
| | This certif the body shows: (1) was D.O./ deceased | OSA DATE BECID BY HEALTH ORDY JOER NAME OF BEGILTRAD |
| | This the k show was dece | APR 1 1988 (1 P. J. L. M. Jenkins & Sons Co. 4905 York Rd. |
| | | VS 150-REV. 1/1/65 |



IMPORTAN

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

| | | | HEALTH DEPARTMENT | 1 700 | 0000 |
|---------|---|---|---|---|---|
| BIR | rh No. 66 1328 | 3 CERTIFICA | TE OF DEATH | Registered No. | 3283 |
| M. | E CASE NO. | | V | ID HOUR OF DEATH | 44 |
| | pe gi print DAM 11 F | HomAs | 2. 57.12 71 | 3/21/66 | 1-43 A |
| 3. | PLACE OF DEATH IN BALTIMORE, MARYLAND | 110/11/5 | 4. USUAL RESIDENCE (When | re deceased lived. If instituti | on: residence before admission) |
| | | | A. STATE A B. COUN | ITY J. | A francis |
| | FULL NAME OF (If not in hospital or institut | ion, give street | Ma. | 100 | 1125 |
| | HOSPITAL OR oddress or locotion) NSTITUTION | | | tside city limits, write RURA | L'ond give township) |
| 1 | A. 1 | | BALTIMOR | | 53 00 |
| 1 | nd. Gen'L Host | | D. STREET ADDRESS (IF | iural, give location) | Pa |
| / | 1/20 | | 164 D41 | MBARTON | PJ. |
| 5. : | | RIED, NEVER MARRIED WED, DIVORCED (specify) | B. DATE OF BIRTH. | 9. AGE (In years If I lost birthday) Mor | Under 1 Yr. If Under 24 Hrs. oths: Doys Hours Min. |
| | IN WHITE | WORCE) | 7/12. lost | M/ | 10013 |
| | . USUAL OCCUPATION (Give kind of work 108. KIN | | 11. BIKIHPLANE (state or lorei | gn country) 12. | CITIZEN OF |
| don | e during most of working life, even if retired) | To | 0 - | | WHAT COUNTRY? |
| | | ACE TRHCK | PENNSYL | VANIA | U = /1 |
| 13. | FATHERS NAME FREOERICK — | | 14. MOTHER'S MAIDEN NA! | ME | |
| | 7 EUGENE (HOMAS | | . TONE | MURRAY | |
| 15. | Was Deceased Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | 11011111 | AODRESS |
| (Ye | s, no or unknown) (If yes, give war or dates of servi | SECURITY NO. | 100 | | 1 |
| | AW I | 218-22-6853 | L.O. OLSE | ~ - Ma | - GEN'L HOSP |
| | 18. 122. 11 | CAUSE O | FDEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY | | | | ONSET AND DEATH |
| | LEADING TO DEATH | (A) Hr | + and salary | 3.0 | |
| | (This does not mean the mode of dying, heal followe, asthenia, etc. It means the dise | | 1. | | |
| | injury or complication which coused death.) | ٥٥٠, حم | adional en la | year sib v. | |
| | ANTECEDENT CAUSES | (8) | | | |
| | DISEASES OR CONDITIONS, if ony, gi | DUE TO | | | |
| | lise to the obove couse (A) stoting | | | | |
| | UNDERLYING CONDITION lost. | | *************************************** | | |
| | 11 | | | | |
| O | OTHER SIGNIFICANT CONDITIONS CONTRIBL | | | | |
| ATIO | TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | THE | | | |
| | | OR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No | 208. IF YES, WERE FINDI | NGS CONSIDERED |
| ERTIFIC | NONE WAS PERFORMED | | Yes | IN CERTIFYING CAUSES | OF DEATH? |
| CE | 21A. ACCIDENT WAS UNDERLYING | 21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of | or obout 21C. WHERE DID | (If in Boltimore City | , give exact locotion) |
| AL | OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | home, form, foctory, street, of | tice bidgs, INJURY OCCUR? | | |
| DIC | | | | | |
| MEC | 21D. TME (Month) (Doy) (Year) (Hour) OF INJURY | 21E INJURY OCCURRED | 21F. HOW OID INJ | URY OCCUR? | |
| < | (APPROX.) | While At Work At Work | | | 7 |
| | 22. I certify that (I) (rhan hospital) attend | <u></u> | 2/10 | 1966 10 3/ | 21 1066 |
| | | 2/10 | | | |
| | that (1) (ast saw the deceased alive | an | 19.6. and the | at in (my) (cor) apinian | death accurred on the date |
| | and haur and from the causes stated abav | e. (1) (e) (did) (did lor) v | iew the bady after death. | | |
| | 23A. SIGNATURE | | | 23B. | OATE SIGNED |
| | L.Q. OLSEN | M.D. Atte | nding Med. | Stoff N | 3/3/61 |
| | 23C. PHYSICIAN'S | Phy | Director | Phys. | 2/ 21/86 |
| | MAINTE Type | (/ | SU. AUGKESS | 1 | |
| | () ous O. O. | Ase M.D. | Ma. (9 | EN'L Hos | P. |
| 24/ | | C. NAME of CEMETERY OF CRE | MATORY 24D. L | OCATION (City, to | wn, or county) (State) |
| | REMOVAL (Specify) | | | | |
| _ | Burial 4/4/1966 | Arlington Nati | onal Ar | lington | Va. |
| 25/ | 4 | | H.W.Jenkins | & Sons Co. | 4905 York Rd. |
| | APR 1 1996 (1 0 1 2) | Stra Carpain | T. W. O OTHERIES | | imore 12. Md. |
| | | | | | |

GAMES I THE BE BALLIAN S Md. Gen't Hose 164 Dumbneron P. M WHITE DINGROED 11/12/14 21 PARSOLE COL. PARE TONCE PROMOLECUMIN 115/A Euglist Thomps Nie L.O. OLIGH - 1914 GON C. J. None 3/30 3/10 66 3/3 Md. Gara

IMPORTANI

DIRECTOR:

FUNERAL

10102 2005 .23 Samuel Same day 100 Para District and the state of the state of

Peter Transfer Community of the Communit

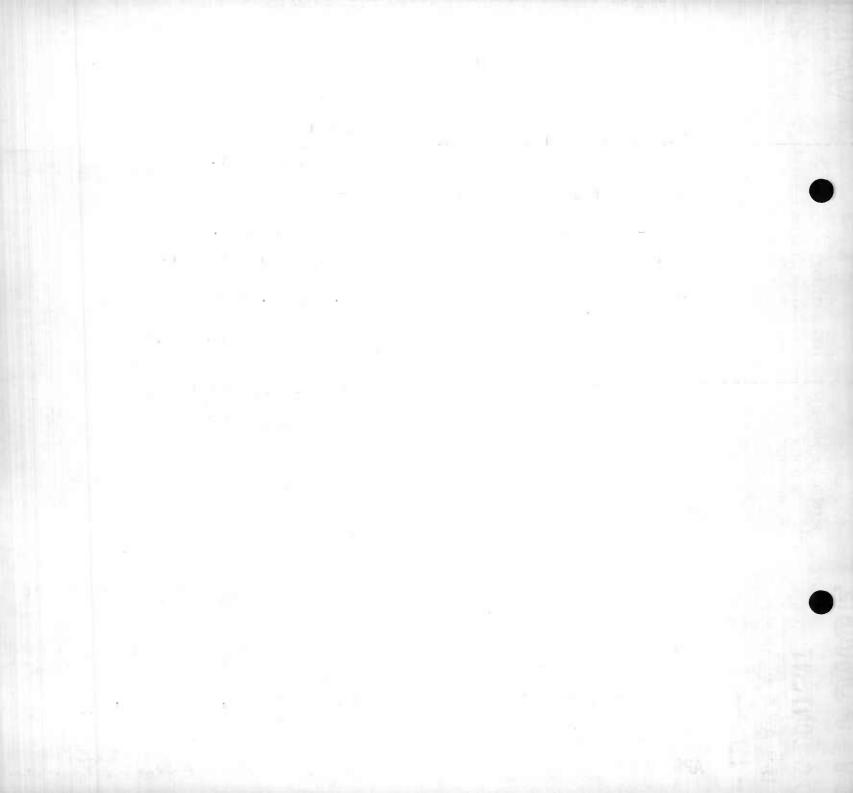
| | BALTIMORE CITY | HEALTH DEPARTMENT | | |
|--|--|----------------------------------|------------------------------|--|
| BIRTH NO. 66 13285 | CERTIFICA | TE OF DEATH | Registered No. | 3285 |
| M.E. CASE NO. 1. NAME OF DECEASED | 1 1 2 | | HOUR OF DEATH | |
| (Type or Print) The Ole on My | Theel | 3- | 31-66 | M |
| 3. PLACE OF DEATH IN BALTIMORE, MARTLAND | and the same of th | 4. USUAL RESIDENCE (Where | deceosed lived. If instituti | on: residence before admission) |
| FULL NAME OF (If not in hospital or institu | ition, give street | ned. B | of le - | |
| HOSPITAL OR oddress or location) | 16,0 | C. CITY OR TOWN (If outsi | de city limits, write RURA | ond give township) |
| 4 Don Deaux | - Hogeld | D. STREET ADDRESS (If run | | 504 |
| Ba 00. | 5n1. | 7 5 3 2 7 C | rol, give/location) | Todal |
| | RIED, NEVER MARRIED | 8. DATE OF BIRTH 9. | AGE (In years If I | Under 1 Yr. If Under 24 Hrs. |
| F Ma (Mag) WID | OWED, DIVORCED (specify) | 3/33/26 10 | st birthdoy) Mar | oths Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 108, KIN | ID OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign | country) 12. | CITIZEN OF |
| done during most of working life, even if retired) | | m. e | 0 | WHAT COUNTRY? |
| 13. FATHER'S NAME | | 14. MOTHER'S MAJOEN NAMI | | 484 |
| 01.0. | | Mali P | lelye | |
| 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give wor or dates of ser | 1 6. SOCIAL | 17. INFORMANT | weem | ADDRESS |
| (Yes, no or unknown) (If yes, give wor or dotes of ser | security No. | | | |
| 18, 0 144 / | CAUSE O | E DEATH | | INTERVAL BETWEEN |
| DISEASE OR CONDITION DIRECTLY | chost o | , beam | 2.5 | ONSET AND DEATH |
| LEADING TO DEATH | (A) Nes | trater in | of i am | |
| (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis | | | | ······································ |
| injury or complication which caused death.) | Mal | us atelewani. | + boucles und | |
| ANTECEDENT CAUSES | DUE | | | |
| DISEASES OR CONDITIONS, if any, g | | p. () witus | onex me | |
| UNDERLYING CONDITION lost. | 101 accommonance | | | |
| Z OTHER SIGNIFICANT CONDITIONS CONTRIG | | | | / |
| O THE DEATH BUT NOT RELATED TO | UTING THE | | | |
| U 19A, DATE OF OPERATION 19B, CONDITION | FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes ar No) | 20B. IF YES, WERE FINDII | NGS CONSIDERED |
| 3 3-28-66 WAS PERFORMED | | | IN CERTIFYING CAUSES | OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of | or obout 21 C. WHERE DID | (If in SaltiMore City, | , give exact location) |
| DEATH (notify medical examiner) | etc.) | nce blug., mysoki occok: | | |
| 21D. TIME (Month) (Day) (Year) (Hour) | 21E INJURY OCCURRED | 21F. HOW DID INJUI | RY OCCUR? | |
| (APPROX) | While At Not While At Work | | | |
| 22. I certify that (I) (this hospital) attend | | 19 | to | 19 |
| that (1) (we) tost sow the deceased alive | | | | |
| and hour and from the couses stated abo | | | m(m), (cor, opiman | down occorred on the dore |
| 23A. SIGNATURE | • | The body offer doons | 23 B. | DATE SIGNED |
| Q. 14/1 | M.D. Atte | nding Med. St Director P | aff hys. | warch 31 1966 |
| 23C-PHYSICIAN'S | | 23D. ADDRESS | 1 | 10.01 |
| NAME (Type) ANTONIO | ALINDO M.D. | BON S | Ecouls H | HOSPITAL |
| 24A. BURIAL CREMATION, 24B. DATE 2 | C. NAME of CEMETERY OF CRE | MATORY 24D. LOC | | wn, or county) (State) |
| PRANAGE (Specify) 4-4-66 | M. A. | to Calvary Red | - Kyolo | i rugi |
| 25A DATE REC'D BY HEALTH DEPT. 25R NA | ME OF REGISTRAR | 25C FUNERAL DIRECTOR | TONO IN TOCOLOR | ADDRESS |

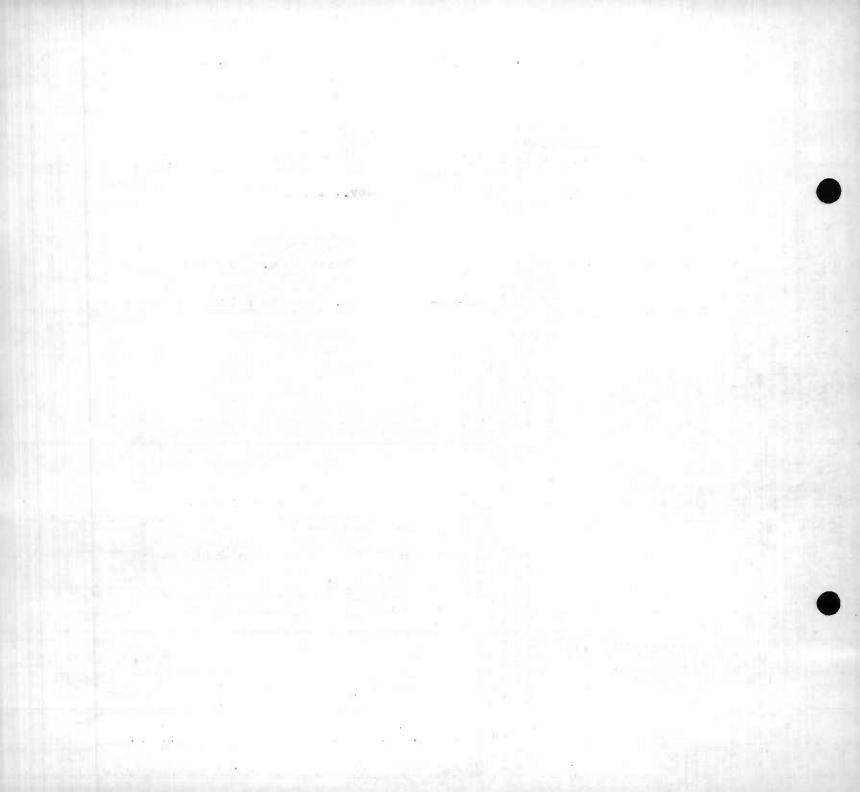
A. E. Fallen M. R.

2700 Edmandes



| CS 1122Nh | MORE CITY HEALTH DEPARTMENT |
|--|--|
| M.E. CASE NO. | TIFICATE OF DEATH Registered No. 6 13286 |
| NAME OF DECEASED | 2. DATE AND HOUR OF DEATH |
| Type of Print) JOSEPH RICHARD | JACOB 3-30-66 8:00PM |
| PLACE OF DEATH IN BALTIMORE, MARYLAND | 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY |
| | MARYLAND Baltimore |
| FULL NAME OF (If not in hospital or institution, give street address or location) | C. CITY OR TOWN (If outside city limits, write RURAL and give township) |
| INSTITUTION | 5 0 01004 5 7 |
| THE JOHNS HOPKINS HOSPITAL | D. STREET ADDRESS (If rurol, give location) |
| THE COMMS HOPKINS HOSFITAL | |
| L. A.A.B. | 1 944 RENFREW ST. |
| 6. RACE 7. MARRIED, NEVER MARR WIDOWED, DIVORCED (| |
| MALE WHITE MARRIED | 4-24-07 58 |
| OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR | R INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| lone during most of working lite, even if retired) Loch Raven Vil Painter - Apartment Apartment | |
| Painter - Apartment Apartment 3. FATHER'S NAME | t Baltimore, Md. |
| | EVA LOUISE TERRETT |
| JOSEPH JACOB | LVA LOUISE TERRETT |
| 5. Was Deceased Ever in U. S. Armed Forces? | 17. INFORMANT ADDRESS |
| Yes, no ar unknown) (If yes, give wor or dates of service) No None | Mrs. Emily E. Jacob same address |
| | |
| 18. 4 20. / 1 | CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | |
| LEADING TO DEATH | A) Promyry y exerces |
| (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, | DUE TO |
| injury or complication which coused death.) | August and and |
| ANTECEDENT CAUSES | B) COVCICAC OVV ROLL |
| DISEASES OR CONDITIONS, if ony, giving | M. In A. I. A. I. |
| lise to the abave cause (A) sloting the | c) Myocardial work cum 5 yr. |
| UNDERLYING CONDITION Iosi. | |
| ll de la | |
| O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | essa ARCIO |
| | LEVE HOLLD MYS |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED | ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | NO NO |
| U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN | NJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) rry, street, office bldg., INJURY OCCUR? |
| DEATH (notify medical examiner) etc.) | ry, sireet, once blage, invoki occok: |
| O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCC | CURRED 21F. HOW DID INJURY OCCUR? |
| S OF INJURY | |
| (APPROX.) | Not While At Work |
| 22. I certify that (1) this haspital) attended the deceased | from 3/30 (5:00pm) 19 6h 108:00pm 3/30 10 66 |
| | n 3/30 1966 and that i ((my) (aur) aplnian death accurred an the d |
| | |
| and haur and fram the causes stated abave. (1) We (did) | (did nat) view the bady after death. |
| 23A. SIGNATURE | 23B, DATE SIGNED |
| tourned Stilley | M.D. Attending Med. Stoff Stoff 3/30/66 |
| 23C. PHTSICIAN'S | 23D. ADDRESS |
| NAME (Type) | |
| Barry J Zacherle | M.D. 550 N Broadway, Baltimore, Md |
| 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET | ETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) |
| | ark Cemetery Baltimore, Maryland |
| 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | |
| ADD 1 1988 AD 8 Q 20 16.16 | Balls, med. |
| ALU T 1900 Character C' France | Wm.f. Julmen & sono horth at a |
| 'S 150-REV. 1/1/65 | |

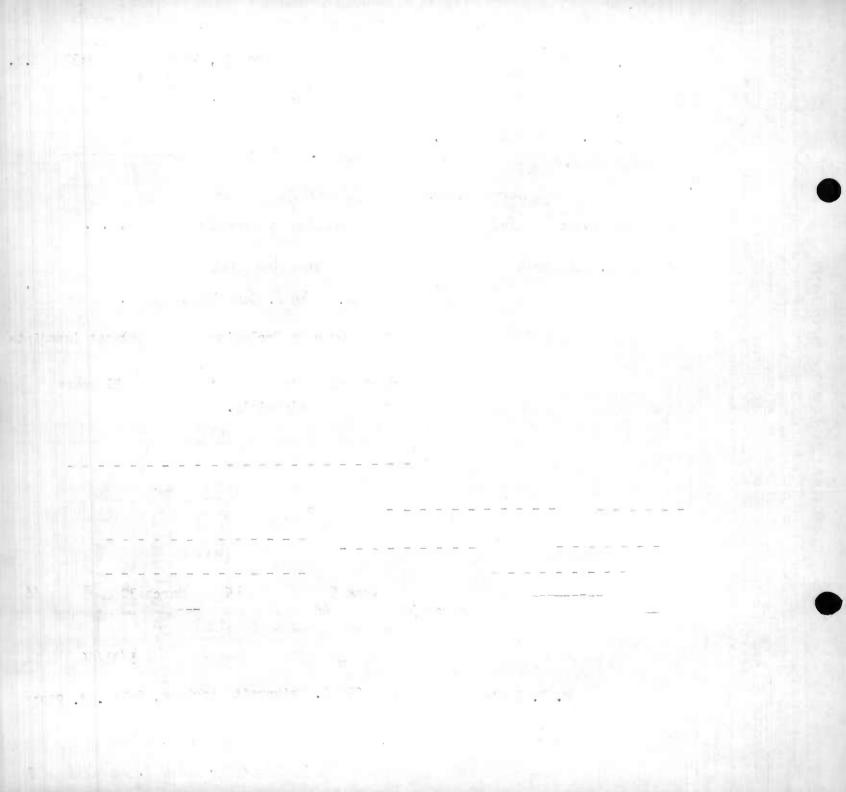




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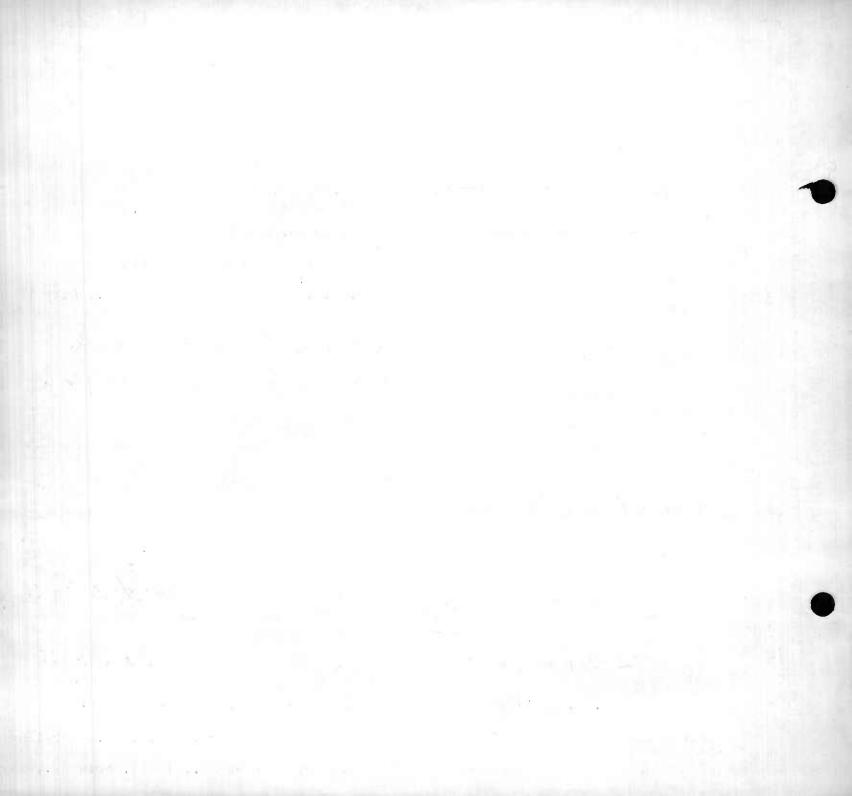
FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



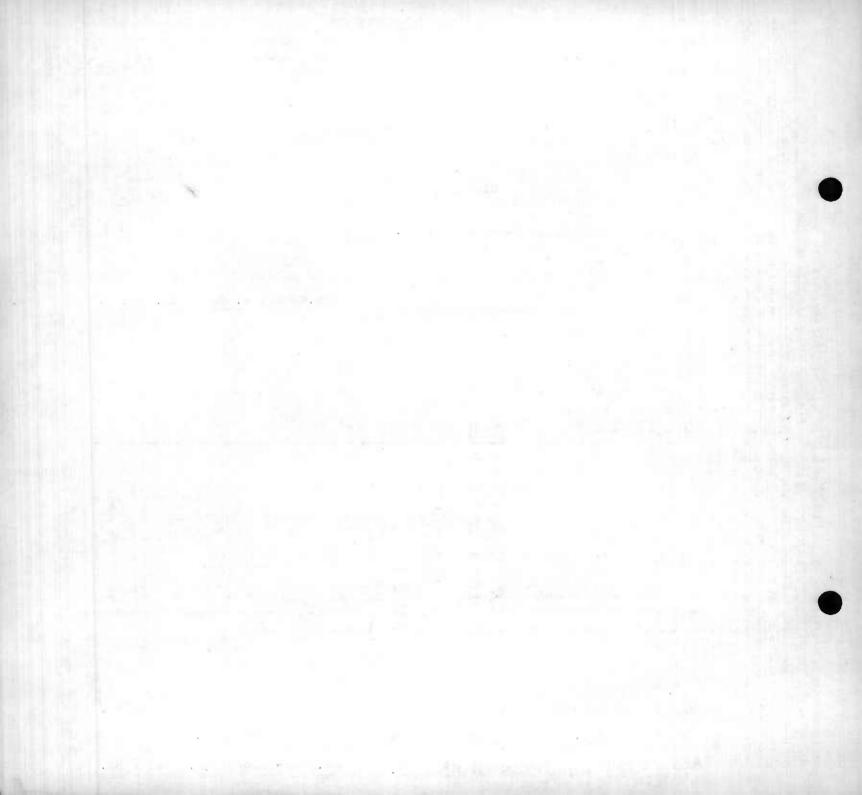
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BALTIMORE CITY HEALTH DEPARTMENT



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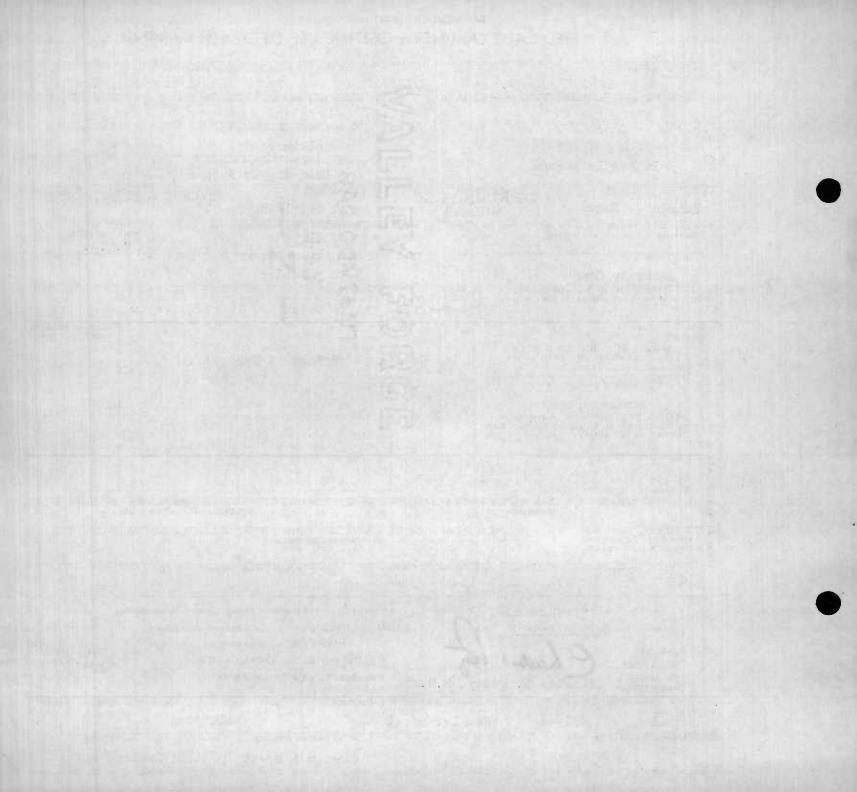
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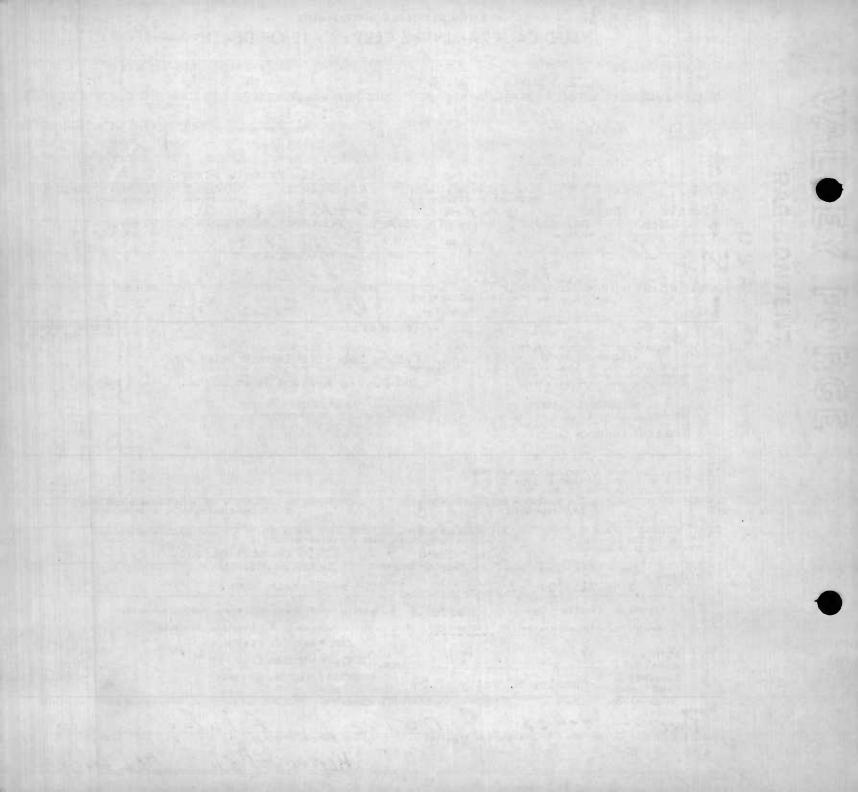
| | | | | CC 6299 |
|---------|-------------------|----------------|------------|------------|
| MEDICAL | FXAMINER'S | CERTIFICATE OF | DEATH Regi | stered No. |

| M.E. CASE NO. | | | | | | | | |
|--|---|--|--|-------------------------|------------------------------------|-------------------------|----------------|--------------------|
| 1. NAME OF DE | | ** | 11TTT T A | 2/0 | | HOUR PRONOUNCE | | 7.05 D |
| | EMMA | W. | WILLIA | | | 28, 1966 | | 7:05 P |
| 3. PLACE IN BAL | IMORE MARYLAND, W | HERE PRONO | UNCED DEAD | A. STATE | | coosed lived. If instit | NTY | before admission |
| FULL NAME OF | (IF NOT IN HOSPITA | AL OR INSTIT | UTION. GIVE STREET | | yland VN (If outside o | corporate limits, write | RURAL ond gi | vo township) |
| INSTITUTION | | | | Bal- | timore | | 4-7' | 7 |
| 1418 | Argyle Avenu | е | | D. STREET ADDITION 1418 | RESS (If rurol, gi | | | V |
| 5. SEX | 6. RACE | | , NEVER MARRIED | B. DATE OF BIRTI | | 9. AGE (In yours | If Under 1 Y | r. If Under 24 Hrs |
| Female | Negro | Wi | dowed | April 28 | | 10st birthdoy) 75 | | s Hours Min. |
| | UPATION (Give kind of work working life, even if retired) | 108. KIND O | F BUSINESS OR INDUSTR | 11. BIRTHPLACE | State or foreign | country) | 12. CITIZEN C | OUNTRY? |
| | | | | Mary1 | | | U.S. | Α. |
| 13. FATHER'S NAM | A E | | | 14. MOTHER'S M | | | | |
| | rose Gough | | | | Butler | | | |
| | D EVER IN U.S. ARMED | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS | |
| | | | 220-09-2673 | Alice Sm | ith | 2212 We | stwood | Avenue |
| 18. | | | CAUSI | OF DEATH | | | | ERVAL BETWEEN |
| DISEASES RISE TO TH UN DERLYII OTHER SIG TO THE DISEASE O | LEADING TO DEATH not moon the mode of one of the mode of one of the moon of the moon mplication which caused ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING F OPERATION [198, CON | dying o.g., the disease, deeth.) S NY, GIVING TATING THE CONTRIBUTI .ATED TO IT. DITION FOR | (8)(C) | oma of He | ? (Yes or No) [20 | B, IF YES, WERE FIN | | |
| 0 0 | L CAUSE WAS | | DI ACE OF INITION / | No | | CERTIFYING CAUS | | |
| O UND ERLYING | OR CONTRIB- | hometc.) | PLACE OF INJURY (e.g., e, form, foctory, street. | office bldg., INJURY | OCCUR? | in politimore City, giv | O OXOCI IOCONO | n) |
| 21D TIME OF INJURY (APPROX.) | (Month) (Day) (Year | | WHILE AT NOT | WHILE ORK | OW DID INJURY | OCCUR? | | |
| | URE Charles | nquiry X | Inspection Au | tapsy and | de Und EDICAL EXA EDICAL EXA | MINER | r D | ATE SIGNED |
| 23A. BURIAL CRE REMOVAL (Specif Burial | MATION, 238 DATE 4/1/66 | | New Cathedral | | | Baltimore | town, or count | (State) Md. |
| | BY HEALTH DEPT. | 24B. NAME | OF REGISTRAR | 24C. FUNER. | AL DIRECTOR | | ADDI | ESS |
| APR | 1. 1986 (2.0. | 183 | 3 PayMA | Morton | & Dyett | 1701 I | Laurens | Street |

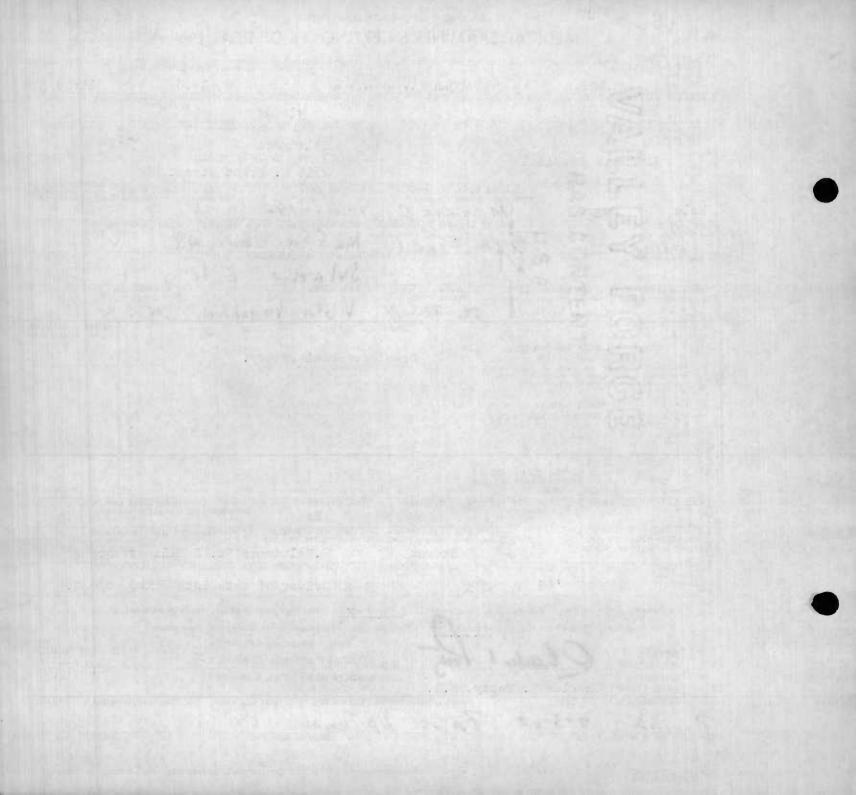


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| BIRTH NO. | MED | ICAL EX | (AMINER'S | CERTIFICA | ATE OF | DEATH Registe | red No. |
|--|--|---------------|--------------------------|--------------------|--------------------------|---------------------------------------|---------------------------------|
| M.E. CASE NO. | | | | | Bin St | | |
| 1. NAME OF DE | CARLE (| ARIA) | LOVELACE | | | h 31, 1966 | 9:15 A |
| 3. PLACE IN BAL | TIMORE MARYLAND, W | HERE PRONO | UNCED DEAD | 4. USUAL RES | aryland | deceosed lived. If insti B. COU | tution: residence before odmiss |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPITA | AL OR INSTITU | JTION, GIVE STREET | C. CITY OR T | OWN (If outsid | | RURAL ond give township) |
| Pr | ovident Hospi | tal | | D. STREET AD | altimore DRESS (If rurol | | 303 |
| 5. SEX | 6. RACE | | NEVER MARRIED | B. DATE OF BI | | 9. AGE (In years | If Under 1 Yr. If Under 24 |
| Female | Negro | 1/1 | DIVORCED (specify) | | 5-1962 | | Months, Doys Hours M |
| | UPATION (Give kind of working life, even if retired) | 108. KIND O | BUSINESS OR INDUST | TRY 11. BIRTHPLAC | E (State or foreign | gn country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAM | ME | | | 14. MOTHER'S | MAIDEN NAM | | |
| John 15. WAS DECEASE | Love / | ACE FORCES? | 16. SOCIAL | 17. INFORMAN | 16/15 | TAYLOR | ADDRESS |
| (Yes, no or unknown | (If yes, give wor or dote | s of service) | SECURITY NO. | Phy/1. | 5 TAY/o | e 2442 | ADDRESS Francis ST |
| 18. | 1160 | | CAU | SE OF DEATH | | | INTERVAL BETWEE |
| DISEA | SE OR CONDITION DI | | | | | | |
| (This does | LEADING TO DEATH | | (A) Carb | on Monoxi | de Intox | ication and | |
| heort foilure | , osthenio, etc. It meons | the diseose. | | Degree Ra | diant He | at Burns. | |
| | | | | 208200 100 | | | |
| | OR CONDITIONS, IF A | | (B) | | ************* | | |
| RISE TO TH | IE ABOVE CAUSE (A) S' | TATING THE | DUE TO | | | | |
| _ | NG CONDITION LAST. | | (C) | | | | |
| <u> </u> | | | | | | | |
| O THE | ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING | LATED TO T | | | | | |
| 19A. DATE O | F OPERATION 198. CON WAS PER | DITION FOR | WHICH OPERATION | 20A. AUTOR | | 20B. IF YES, WERE FIN CERTIFYING CAUS | |
| ZIA. EXTERNA | AL CAUSE WAS | 21 B, | PLACE OF INJURY (e.g | | | (If in Boltimore City, giv | ve exact location) |
| | SOR CONTRIB- | home etc.) | , form, foctory, street, | office bldg., INJU | JRY OCCUR? | | 13-03 |
| 7 | | | Home | | | is Street | 12 |
| OF INJURY (APPROX.) | (Month) (Doy) (Yeo | | WHILE AT NO | | ire in h | | |
| 22. I cer | tify that I held an I | | | | | Is bosis, death in m | ny opinion |
| resu | Ited from: Notural co | uses 🗌 🗡 | Accident 🔀 Sulc | | | Undetermined manne | |
| | . 61 | | 1/- | CHIEF | MEDICAL EX | AMINER _ | DATE SIGNED |
| SIGNAT | | ale 1 | Lely M. | D. ASSISTANT | MEDICAL EX | KAMINER 🗵 | |
| EXAMIN NAME (| | es S. Pe | etty, M.D. | ASSOCIATE | MEDICAL E | XAMINER | 3/31/66 |
| 23A. BURIAL CRE | | 23 | C. NAME OF CEMETERY | or CREMATORY | 23 D. L | OCATION (City, | town, or county) (Stote) |
| Dur | BL 4-4- | 56 | Hrby | 145 | 1 | rpullus | noj. |
| 24A. DATE REC'D | BY HEALTH DEPT. | 24B. NAME | OF REGISTRAR | 24C. FUN | ERAL DIRECTOR | 1 | ADDRESS |
| APR 1 | 1988 02.0.0 | 4 | 4, | MOR | TON + | Dep 11 | nol Lourens |
| VS 151-REV. 1/1/ | /65 | 13 | | | | | |

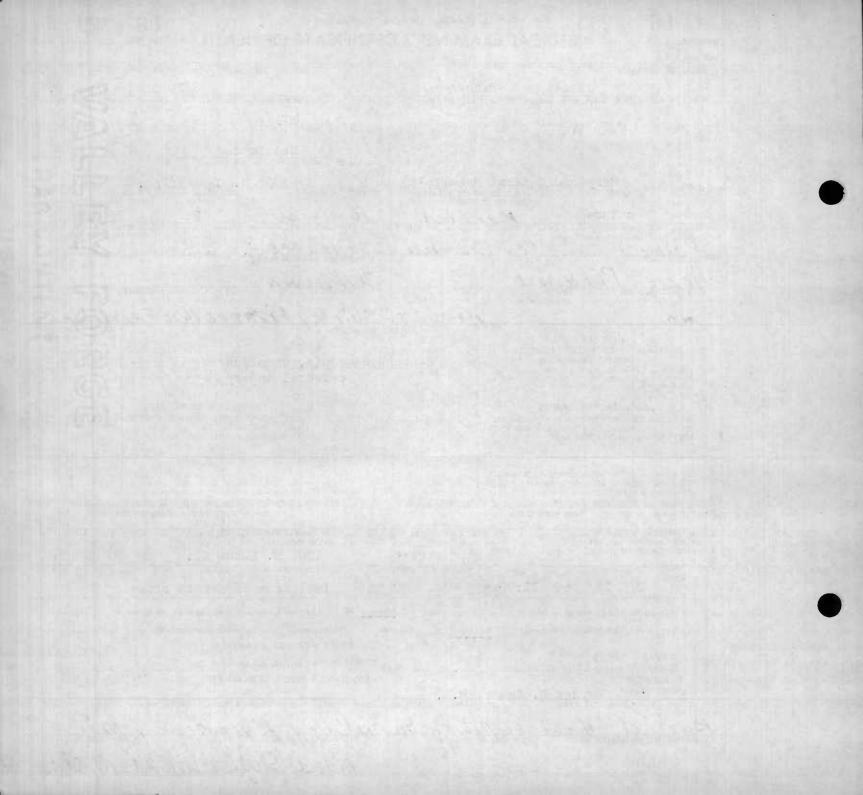


| | CG | 13.231 | | BALTIMORE CITY HEAL | TH DEPARTMENT | | | | 2004 |
|---------------|-----------------------------|--|-----------------------|---|---------------------|------------|------------------------------------|----------------|-----------------------|
| BIRT | H NO. | MF | DICAL E | XAMINER'S CE | RTIFICATI | F OF | DFATH Register | ed No. | 3294 |
| | CASE NO. | , v. L | | AAMII TERO CI | -KIII ICAII | - 0, , | DEATH | | |
| 1. 1 | NAME OF DE | CEASED | | () | . 2 | DATE AN | D HOUR PRONOUNCE | D DEAD | |
| li i Al | oe or Print) | JAMES | | VAUGHN (Au | ShAN) | March | 30, 1966 | | 11:56 Am. |
| 3. P | LACE IN BAL | TIMORE MARYLAND, | WHERE PRONO | UNCED DEAD | I A. STATE | ICE (Where | deceased lived. If insti- | tution: reside | nce before odmission) |
| FUL | L NAME OF | UF NOT IN HOS | PITAL OR INSTIT | UTION, GIVE STREET | Mary | | | | |
| HO | SPITAL OR | ADDRESS OR LO | CATION) | | | | le corporate limits, write | RURAL ond | give township) |
| 11 | | | | | | imore | 0 | One 1 | 07 |
| | Lu | theran Hosp | ital | | D. STREET ADDRES | | att Street | | |
| 5. S | EX | 6. RACE | 7. MARRIED | NEVER MARRIED DIVORCED (specify) | B. DATE OF BIRTH | | 9. AGE (In years lost birthdoy) | If Under I | Yr. If Under 24 Hrs. |
| N | [ale | Negro | M | ARRIED | 9-24- | 1921 | 44 | | |
| | | UPATION (Give kind of working life, even if retire | | F BUSINESS OR INDUSTRY | | | | 12. CITIZEN | OF COUNTRY? |
| | 1A10 | | toll | 51ee/ | Must | rees. | boro, N.C | 4 | . 5 A |
| 13.1 | ATHER'S NA | ΛE | Million III | | 14. MOTHER'S MAI | DEN NAM | E | | |
| | | | | | JVIAM | lie | Eley | | |
| 15. \ (Yes | NAS DECEAS | ED EVER IN U.S. ARA | deb forces? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | 3.7 | | ADDRESS | 1 |
| | 105 | ww7 | | 226-22-307/ | VIOLA | VAY | 16hAN 2 | 5181 | V. KnTT |
| 1 | 18. | 19.4 | | CAUSE | OF DEATH | |) | | NTERVAL BETWEEN |
| | DISEA | SE OR CONDITION | DIRECTLY | | | | | | DUSEL AND DEATH |
| | | LEADING TO DEA | ATH | | ocerebral | Injury | 7 . | | 00000 |
| | he ort foil ure | not meon the mode , osthenio, etc. It mo mplication which cous | ons the diseose, | DUE TO | | | | | |
| | | | | | | | | | |
| | | OR CONDITIONS, I | | (B)DUE TO | | | | | |
| | RISE TO TH | IE ABOVE CAUSE (A | STATING THE | DOE 10 | | | | | |
| z | ONDERLII | NO CONDITION LA | 31. | (C) | | | | | |
| []은 | | 11 | | | 150000 | | | | |
| ₹ | OTHER SIG | NIFICANT CONDITION DEATH BUT NOT | NS CONTRIBUTI | NG THE | | | | | |
| E | DISEASE C | R CONDITION CAUS | ING IT. | 100000000000000000000000000000000000000 | | | | | |
| CE | 2 | | PERFORMED | | Yes | | IN CERTIFYING CAUS | ES OF DEA | TH? Yes |
| V V | 21 A. EXTERNA UNDERLYING | AL CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., i o, form, foctory, street, o | n or about 21 C. WH | ERE DID | (If in Baltimore City, giv | e exoct loc | otion) |
| ш | UTING CAL | JSE OF DEATH. | etc.) | Street | W.Ba | 1timor | ce St. & Elli | icott I | Orive |
| Σ | 21D TIME | (Month) (Doy) (| Yeor) (Hour) | 21 E. INJURY OCCURRED | 21 F. HOV | N DID INJ | URY OCCUR? | | |
| | (APPROX.) | 3 24 1 | | WHILE AT NOT W | WHILE X Driv | er of | auto into fi | ixed ol | oject. |
| | 22. | tify that I held on | Inquiry | Inspection Aut | opsy 🔀 ond t | that on th | is bosis, death in m | v onlalon | |
| | | Ited from: Notural | | Accident Suicide | | | Undetermined manne | | |
| | 1620 | Tied Ifolii. 14010101 | couses | Accident 501cide | CHIEF MED | | | | |
| | ACTUA | L () | 101.1 | 1/- | | | | | DATE SIGNED |
| | SIGNAT | | raue, | M.D. | ASSISTANT MED | | | | 3/31/66 |
| | NAME (| Type) Charle | s S. Pet | ty, M.D. | ASSOCIATE ME | DICAL E. | XAMINEK | | |
| | BURIAL CRE | MATION, 238 DATE | | C. NAME of CEMETERY of | CREMATORY | 23 D. L | GCATION (City, | town, or con | unty) (Stote) |
| KEA | OVAL (Special | 4-4 | -66 | Ballo 11 | a Timial | . 1 | 5A14. | | hid |
| 24A | DATE REC'D | BY HEALTH DEPT. | 24B, NAME | OF REGISTRAR | 24C. FUNERAL | DIRECTOR | 1 | AD | DRESS |
| | APR T | 1988 A | 40.7 | Occupant | | | 1) | -1 m | lowners |
| Ve | 151-REV. 1/1. | 18UU ULAKA | W C . 43 | KKOLM | IVA CE | a. / | 1 40 / | 101 | MUFFI |
| 4.3 | 101-45 V: 1/ 1: | | and the second second | | | | | | |



66 03295

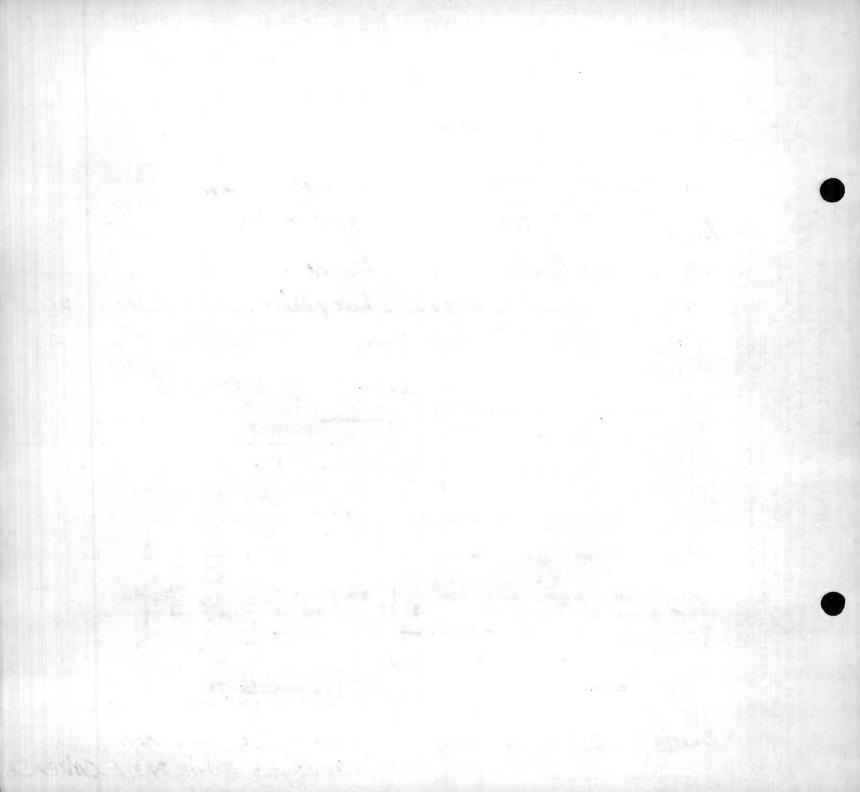
| BIRTH | H NO. | MEDI | CAL EX | CAMINER'S CI | RIFICA | IE OF D | A I H Register | ed Na | |
|---------------|----------------|--|---------------|--|------------------|---------------------|------------------------------------|---------------|--|
| | CASE NO. | | | | | | | | |
| 1. N (Type | AME OF DEC | | Shill | | VE DE III | 2. DATE AND | HOUR PRONOUNCE | D DEAD | |
| | | Angel | | izarro | | | 3/28/ | | 7:40 p. M. |
| 3. PL | ACE IN BALT | TIMORE, MARYLAND, W | HERE PRONOL | INCED DEAD | 4. USUAL RESI | DENCE (Where de | ceased lived. If instit B. COU | ution: reside | ence before admission |
| FILL | NAME OF | (IF NOT IN HOSPITA | LI OR INSTITU | TION CIVE STREET | | Maryland | | | |
| HOS | PITAL OR | ADDRESS OR LOCA | TION) | TION, OIVE STREET | C. CITY OR TO | WN (If outside o | corparate limits, write | RURAL one | give township) |
| | TOHON | | | | | Baltimo | re O | -0 | |
| Y | | | | | D. STREET ADI | DRESS (If rurol, gi | ve location) | and the | |
| N. | | Maryland (| General | Hospital | | 1338 N | . Chester | St | |
| 5. SE | X | 6. RACE | 7. MARRIED, | NEVER MARRIED | 8. DATE OF BIR | тн | 9. AGE (In years last birthday) | | Yr, If Under 24 Hrs |
| m | ale | colored | 40 | DIVORCED (specify) | 10-11 | 7/ | | Monms | Poys Hours Min. |
| | | | TOB. KIND OF | BUSINESS OR INDUSTRY | 10 - // - | | 29 | 12. CITIZEN | N OF |
| | | working life, even if retired) | 0 | , | | | 1 | WHAT | COUNTRY? |
| 12 6 | PAIN | ten | CONST | nuction | Sant | urceru | ertoRico | 1 | 12171 |
| 13, 17 | 1 / | p. | | | -1 1/ | VIAIDEN NAIVIE | | | |
| 1 | 10210 | , FIZAS | ro | 1 | UNKN | OWN | | | |
| Yes, | na ar unknown | D EVER IN U.S. ARMED | | SECURITY NO. | IV, INFORMANT | | | ADDRESS | |
| | NO | | | 119-20-2006 | Skinle | U Pigg | rro1625 | Fait | -lul DNP |
| 1 | В. | 7A1 5 | | CAUSE | OF DEATH | y | 101624 | 1 | NTERVAL BETWEEN |
| | = 1 | / / / / - 1 | | | | | | • | ONSET AND DEATH |
| | DISEA | SE OR CONDITION DI | | Broncho | nneumoni | a compli | cating cra | nio- | |
| | (This does | nat mean the made of | dying, e.g., | DUE TO | | bral inju | | .110- | |
| | injury or cor | , osthenio, etc. It means mplication which coused | deoth.) | | cere | brai inje | ry | | |
| | | NITECENIDENT CALLER | | | | | | | |
| | | ANTECENDENT CAUSE OR CONDITIONS, IF A | | (B) | | | | | |
| | RISE TO TH | E ABOVE CAUSE (A) ST | | DOF 10 | | | | | |
| 7 | UNDERLIT | NG CONDITION LAST. | | (C) | | | | | |
| ᅙ | | ll ll | | | | | | | |
| × | OTHER SIGI | NIFICANT CONDITIONS | CONTRIBUTION | NG | | | | | |
| 윤 | | DEATH BUT NOT REL | | HE | | | | | >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> |
| CERTIFICATION | 9A. DATE OF | | | WHICH OPERATION | 20 A. AUTOPS | Y? (Yes or No) 20 | B. IF YES, WERE FIN | DINGS CO | N SIDERED |
| Ö | 2 | WAS PERI | FORMED | | | IN | CERTIFYING CAUS | | |
| ¥ 2 | IA. EXTERNA | L CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., i , farm, foctory, street, a | n or obout 21 C. | yes | yes in Boltimore City, giv | e exoct loc | ation) |
| EDIC | INDERLYING CAU | SE OF DEATH, | home etc.) | | - | | | 1 | 1-84 |
| ~ _ | | | | street | | 301 N. Eu | | | 1-07 |
| ć | OF INJURY | (Month) (Doy) (Year | | 1E. INJURY OCCURRED | | NOW DID INJUR | | | |
| (| APPROX.) | 3 25 66 | 11:00 av | VHILE AT X NOT Y | WHILE fe | 11 from 1 | adder to s | treet | |
| 1 | 22, | er al . 11 - 11 | | | | | 1 . 1 | | |
| | | tify that I held an I | | | opsy X a | na that an this | basis, death in m | y apinion | |
| | resul | ted fram: Natural car | ses A | ccident X Suicide | Homic | cide Un | determined manne | | |
| | | 44. | / | 1-1- | CHIEF | MEDICAL EXA | MINER | | DATE SIGNED |
| | SIGNAT | | 11. | 7 - 1 40 | ASSISTANT I | MEDICAL EXA | MINER 🔀 | | DATE STORED |
| | EXAMIN | | -VV | M.D. | | MEDICAL EXA | | 3/29 | 166 |
| | NAME (| Type) Werner I | J. Spitz | M.D. | | | | 0/2/ | , 50 |
| | BURIAL CRE | MATION, 23B, DATE | 23 | C. NAME OF CEMETERY O | CREMATORY | 23D. LO | CATION (City, | town, or co | unty) (Stote) |
| REM | OVAL (Specify | -/ // | 11 | A+ A.L. | - 1 | | 1. | | 101 |
| 16 | JUNI | | -66/ | YJU, MUTUY | NUM | ty Da | ItIMone | - 1 | y a i |
| 24A. | DATE REC'D | | 24B, NAME | OF REGISTRAR | 24C. FUNE | RAY DIRECTOR | 10000 | -AL | DDKE22 |
| | Λ | PR 1 1995 | 1.0. A | 2. Falleyna | Kni | Assolit | 1001/16 | 2163 | 18. Oliver |
| VS 1 | 51-REV, 1/1/ | | The second | | 1) ar | wiguy | new week | 77 | C Velle |
| v 3 | DITERET. 1/1/ | 03 V | | | | 1/ // | | | |



IMPORTANT

DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT

MYGEARDIAL INFARCTION ARTERIOSELETIOSIS 20 Validad DE SSE N BROADLA IAN SHENK 5-352

| 66 03298 BALTIMORE CITY HEALT | 66 62298 |
|--|---|
| BIRTH NO. MEDICAL EXAMINER'S CE | ERTIFICATE OF DEATH Registered No. |
| M.E. CASE NO. 1. NAME OF DECEASED | 2. DATE AND HOUR PRONOUNCED DEAD |
| (Type or Piint) CARL STINCHCOMB | 3-28-66 9:00 А.м. |
| | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) |
| CILL MANE OF HE NOT IN HOSPITAL OR INSTITUTION CIVE STORES | Maryland B. COUNTY Arunde |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION | C. CITY OR TOWN (If autside carporate limits, write RURAL and give township) |
| | Ballmore Gren Durnie 6300 |
| MARYLAND GENERAL HOSPITAL | D. STREET ADDRESS (If rural, give location) |
| 5. SEX 6. RACE 7. MARRIED. NEVER MARRIED | 138 Jan Drive 21229 (feinde 9) 8. DATE OF BIRTH 19. AGE (In years 16 Under 1 Yr, 16 Under 24 Hrs. |
| WIDOWED, DIVORCED (specify) | last birthday) Months Days Hours Min. |
| Male White Martied Worklos Kind OF BUSINESS OR INDUSTRY | 1). BIRTHPLACE Blote or foreign country) 12. CITIZEN OF |
| dane during mast of warking life, even if retired) | WHAT COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Marie 6 Shahard | 11. Barak |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS |
| (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | Mus Garagia M Stick of Wife Same Ad |
| 118. CAUSE | OF DEATH INTERVAL BETWEEN |
| L 8 8 710 | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RT. | onchopneumonia |
| heart failure, asthenia, etc. It means the disease, | one no price amounta |
| injury or complication which caused death.) | |
| ANTECENDENT CAUSES (R) Cr | aniocerebral injury |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO DUE TO | |
| UNDERLYING CONDITION LAST. | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE | |
| DISEASE OF CONDITION CAUSING IT | |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | Yes Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| Q 21A, EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- 21B, PLACE OF INJURY (e.g., in home, farm, factory, street, of | n or about 21C, WHERE DID IIf in Boltimore City, give exact location) |
| UTING CAUSE OF DEATH. etc.) Street | Olan Drive - Ferndale |
| 21D TIME (Month) (Doy) (Year) 1Hour) 21E, INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| (APPROX.) 3 13 66 PM WHILE AT WORK AT WO | |
| 22. | opsy X and that an this basis, death in my aplalan |
| | |
| resulted fram: Natural causes Accident X Suicide | Hamlcide Undetermined manner CHIEF MEDICAL EXAMINER X |
| ACTUAL OF AND AND | ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| STOTIAL ONE TO STOTE OF THE STO | 0 00 ((|
| EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. | ASSOCIATE MEDICAL EXAMINER 3-28-66 |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or | CREMATORY 23D. LOCATION City, town, or county) (State) |
| REMOVAL (Specify) | Man Pok Glan Burnio. All |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR |
| APR 1 1966 0 0 1 8 dalle MA | Soll 1 1 Sold sold set went Hos |
| | All neleton Glen minie loldo |

VS 151-REV. 1/1/65 N 85612

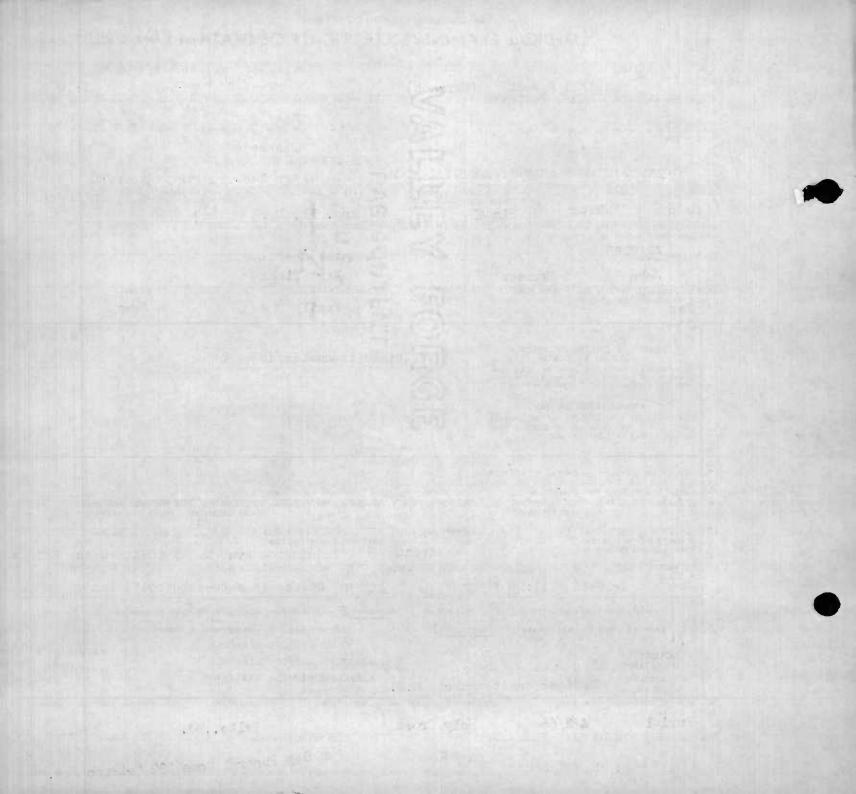
Clark Burnis Mornie G. Starter D. Massai Desir L. The state of the s

BIR M.

ER 122299

DALIMORE CITTURALITY DEL ARTMENT

| BIRTH NO. | MEDI | CAL EX | AMINER'S C | ERTIFICATI | E OF D | EATH Registre | red No. |
|-----------------------------|--|--------------|--|--|---------------|---|--|
| M.E. CASE NO. | PEASED | | | 12 | DATE AND | HOUR PRONOUNCE | ED DEAD |
| 1. NAME OF DEC | CASIMER SK | D7EC7 | (M) | | | | 11 10 - |
| 3. PLACE IN BALT | IMORE MARYLAND, W | | (SKrzecz) | 4. USUAL RESIDEN | | 1 29, 1966 Secessed lived, If insti | tution: residence before odmissio |
| | | | | A. STATE | Marylar | B. COU | NTY /// |
| FULL NAME OF HOSPITAL OR | ADDRESS OR LOCA | TION) | ITION, GIVE STREET | | | | RURAL and give township) |
| INSTITUTION | | | | | Pasader | na | 32-00 |
| 2 | | | | D. STREET ADDRE | SS (If rurol, | give location) | |
| SOUTH | BALTIMORE GE | NERAL H | OSPITAL -DOA | | Box 246 | Poplar Ri | idge Road |
| 5. SEX | 6. RACE | | NEVER MARRIED DIVORCED(specify) | B. DATE OF BIRTH | | 9. AGE (in years lost birthdoy) | If Under 1 Yr. If Under 24 Hi Months, Doys, Hours, Min. |
| Male | White | Singe | - | Aug. 11 | 1932 | 33 | |
| | JPATION (Give kind of work | | | | | country) | 12. CITIZEN OF WHAT COUNTRY? |
| 973 | vorking life, even if retired) | | | Md. | | | WHAT COURTER |
| 13. FATHER'S NAM | | | | 14. MOTHER'S MAI | DEN NAME | | |
| Joh | in Sk | rzecz | | Mart 1 | liska | | |
| | D EVER IN U.S. ARMED | | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS |
| Yes | ,,,,, | | | Family | 7 | | Same |
| 1B. | 11.4. | | CAUSI | E OF DEATH | | | INTERVAL BETWEEN |
| DISEA | SE OR CONDITION DI | DECTI V | | | | | ONSET AND DEATH |
| DISEA | LEADING TO DEATH | KECILI | Multip | le traumat | ic inju | ries | |
| heort foilure, | not meen the mode of ostherio, etc. It meens | the discose, | DUE TO | | | *************************************** | |
| injury or cor | mplication which coused | deoth.} | | | | | |
| A | NTECENDENT CAUSE | S | (R) | | | | |
| | OR CONDITIONS, 1F A E ABOVE CAUSE (A) ST | | DUE TO | | | | |
| UNDERLYIN | NG CONDITION LAST. | | (C) | | | | |
| <u> </u> | | | | | | | •••••••••••• |
| OTHER SIG | NIFICANT CONDITIONS | | | | | | |
| TO THE DISEASE O | DEATH BUT NOT REP | | НЕ | | | | |
| ш | OPERATION 198, CON | | WHICH OPERATION | 20A. AUTOPSY? | | | IDINGS CONSIDERED |
| 0 | WAS PER | OKMED | | yes | | IN CERTIFYING CAUS | 2.5 |
| ✓ 21 A. EXTERNA | CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., , form, foctory, street, | in or about 21C. Whoffice bldg. INJURY | HERE DID (| f in Bollimore City, giv | ve exoct location) |
| UTING CAU | SE OF DEATH. | etc.) | street | | | ve. N. of C | Curtis Creek Brid |
| 21D TIME | (Month) (Doy) (Year |) (Hour) 2 | 1E. INJURY OCCURRED | | N DID INJU | | |
| OF INJURY (APPROX.) | 3-29-66 1 | 1:00 P | VHILE AT NOT | WHILE X Dri | ver in | auto-auto d | collision |
| 22. | | m. v | | VORK [] | | | |
| l cer | tify that I held an I | - | | topsy X ond | that an thi | s bosis, death in m | y opinion |
| resul | ted from: Notural co | ses A | ccident X Sujcio | | - | ndetermined manne | er |
| ACTUA | 12/ | - 15 | | CHIEF ME | | | DATE SIGNED |
| SIGNAT | | Jura | 1 WILLIAM.D | ASSISTANT ME | DICAL EX | AMINER X | |
| EXAMIN NAME (| | Breite | necker, M.D. | ASSOCIATE ME | DICAL EX | AMINER _ | 3-30-66 |
| 23A. BURIAL CRE | MATION. 23B. DATE | | C. NAME OF CEMPTERY | or CREMATORY | 23 D. LC | CATION (City, | town, or county) (Stote) |
| REMOVAL (Specific Burial | 2/2/66 | | Holy Cade | | - | 24 1/2 | |
| | BY HEALTH DEPT. | | Holy Cross OF REGISTRAR | 24C. FUNERAL | BE | alto.,Md. | ADDRESS |
| LAN DATE REC D | | | | | | | |
| APR J | 1303 O Cal | 7 2. wil | VASAL sed | 11COUL | y Fune | ral Home 23 | 7 Patspeo Ave. |
| 1/C 1/2 Dall 1/2 | 4.5 | | | | | | |



IMPORTANT

DIRECTOR:

FUNERAL

| BIRTH NO. 66 13 MEDICAL EXAMINER'S C | ERTIFICATE OF DEATH Registered No. |
|--|--|
| M.E. CASE NO. | |
| 1. NAME OF DECEASED (Type or Print) | 2. DATE AND HOUR PRONOUNCED DEAD |
| ELMER HENDERSHOT Sr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | March 29, 1966 1:25 P.M. |
| 3. PLACE IN BALTIMORE, MARILAND, WHERE PRONOUNCED DEAD | A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET | Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) |
| HOSPITAL OR ADDRESS OR LOCATION) | Baltimore 252 |
| | |
| S. BALTIMORE GENERAL HOSPITAL | D. STREET ADDRESS (If rurol, give locotion) 2226 Cedley St. |
| | · · · · · · · · · · · · · · · · · · · |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min. |
| Male White Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR | 7 Oct 1925 Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF |
| IDA. USUAL OCCUPATION (Give kind of work) IDB. KIND OF BUSINESS OR INDUSTR | IY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | Pennsylvania USA |
| Mechanic Automotive | 14. MOTHER'S MAIDEN NAME |
| Harry Hendershot | Florence Pipman |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL | 17. INFORMANT ADDRESS |
| (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. | Man Hamalanda and A |
| IIP CAUSE | Mrs. Henedershot, same as 4 |
| 18. E 9 0 3 . O CAUSI | E OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Conflu | uent bronchopneumonia and fatty liver |
| (This does not mean the mode of dying e.g., DIE TO CL | ronic ethylism |
| heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) | Home echylism |
| | |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | |
| RISE TO THE ABOVE CAUSE (A) STATING THE | |
| UNDERLYING CONDITION LAST. | |
| Ď II | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| TO THE DEATH BUT NOT RELATED TO THE Obstruct | tion of airway by blood from nasal fracture |
| 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED |
| 0 WAS PERFORMED | Yes Yes |
| 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., | in or about 21C. WHERE DID (If in Baltimare City, give exact lacation) |
| UNDERLYING OR CONTRIB- | |
| UTING CAUSE OF DEATH. etc.) home | 2226 Cedley St. |
| OF INJURY | |
| | WHILE X Apparently fell while intoxicated |
| 22. I certify that I held on Inquiry Inspection Au | ond that on this bosis, death in my opinion |
| resulted from: Natural couses Accident X/ Suicid | |
| Accident to the state of the st | CHIEF MEDICAL EXAMINER |
| ACTUAL MANAGER | DATE SIGNED |
| | ASSISTANT MEDICAL EXAMINER 3-30-66 |
| EXAMINER'S NAME (Type) Pudiger Breitenecker M.D. | ASSOCIATE MEDICAL EXAMINER |
| NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of FEMETERY | or CREMATORY 23D. LOCATION (City, town, or county) (State) |
| REMOVAL (Specify) | |
| Burial 2 Apr. 66 Glen Haven | Memorial Glen Burnie, Md. |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS |
| APR 1 1908 OF E. FisheyMI | Kirkley Funeral Home, Glen Burnie, Md. |

7 0%, 1925 Committee of the same A PERSON & THE CONTRACT . THE

Luftel 2 Agr. 66 c - Clen Maren Ferental Cler Durnie, 14.

Asiday aurebul Horn, Mandardo, D.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Clark Parant rate I April . objection of the contract of the second section 50 fitting in the May Turken to Born, 121 to Tit, Tr.

a hospital and

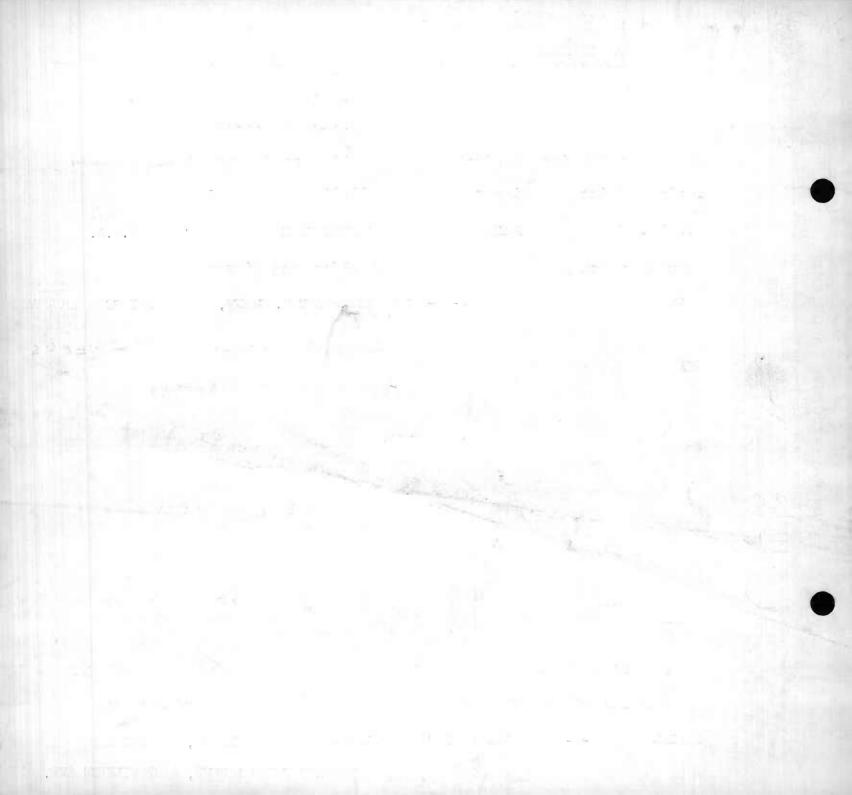
| | BALTIMORE CITY | HEALTH DEPARTMENT | . 1 | |
|--|---------------------------------|-----------------------------|------------------------------------|--|
| M.E. CASE NO. 66 113303 | CERTIFICA | TE OF DEATH | Registered No. | 36 1133113 |
| M.E. CASE NO. | , | 2. DATE | AND HOUR OF DEATH | |
| (Tunn or Print) | ENCE LORRAINE | | 3 29 66 | 11.10 D |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAN | | 4. USUAL RESIDENCE (W | here deceased lived, If it | nstitution; residence before admission |
| | | A. STATE 8. COI | YNY | //// |
| FULL NAME OF (If not in hospital or instruction) | itution, give sheet | C. CITY OR TOWN (II | . 11 - 21 - P - 21 - 21 | UU |
| INSTITUTION | | | | RURAL and give township) |
| (x | | | HE IGHTS (If rural, give location) | 24 00 |
| ST AGNES HOSPITAL | | 724 WEDEM | | |
| SEX 6. RACE 7. MA | ARRIED, NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | It Under 1 Yr. , If Under 24 Hrs. |
| wt | DOWED, DIVORCED (specify) | | last birthday) | Months Days Hours Min. |
| FEMALE WHITE | MARRIED | 7 20 40 | 25 | |
| DA, USUAL OCCUPATION (Give kind of work 10B, K one during most of working life, even if retired) | IND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fo | oreign country! | 12. CITIZEN OF WHAT COUNTRY? |
| HOUSEWIFE | | MARYLAND | | U.SA |
| B. FATHERS NAME | | 14. MOTHER'S MAIDEN N | AME | |
| AARON CARTREIN | | | | |
| AARON GARTRELL 5. Was Deceased Ever in U. S. Armed Faices? | 11.6 500111 | RACHAEL SE | ENSIBAUGH | 2238004 |
| es, na ar unknawn) (If yes, give wor ar dates at s | | 17. INFORMANT | BALTO | |
| NO | 220-38-6262 | T AGNES HOSI | P RECORDS, | WILKENS & CATON |
| 18. 4/6 | CAUSE O | F DEATH | | INTERVAL BETWEEN |
| DISEASE OR CONDITION DIRECTLY | b) | / | - 1- | ONSET AND DEATH |
| LEADING TO DEATH | will he | emuille | chea | el cullar |
| (This does not mean the mode of dying | | | | |
| heart failure, asthenio, etc. It means the d | | ugs on | geste. | of to some |
| ANTECEDENT CAUSES | (8) | en kneed | mounes | ä . – |
| | DUE TO | | // | |
| DISEASES OR CONDITIONS, if ony, | | Matua | 1 Hyde | Munay |
| UNDERLYING CONDITION lost. | (6) | | ····· | |
| 11 | | | | |
| | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. | TO THE | | | |
| | FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes ar | No) 208. IF YES, WERE | FINDINGS CONSIDERED |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME | D | YES | IN CERTIFYING CA | CUSES OF DEATH? |
| | 218. PLACE OF INJURY (e.g., i | n or obaut 21C. WHERE DID | | e City, give exact location) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | home, tarm, factory, street, or | flice bldg., INJURY OCCUR? | | |
| | | 235 110111 212 | NAMES OF STREET | |
| 21D. TIME (Month) (Day) (Year) (House OF INJURY | | 21F. HOW DID I | NJURY OCCUR? | |
| (APPROX.) | While At Not While Wark At Wark | e 🗌 | | |
| 22. I certify that (16 (this hospital) atte | and the deserred from | MARCH 22 | 19 66 to MAR | EH 29 19 66 |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 0 ((| | |
| that (K (we) lost sow the deceased ali | ve on MARCH 2 | 91966and | that in (m)())((gur) opi | inion death occurred on the dat |
| and hour and from the couses stated ob | ove. (() (We) (did) (()(i)()(x) | iew the body ofter deat | h. | |
| 23A. SIGN TURE | | | | 23 B. DATE SIGNED |
| Muare | M.D. Atte | ending Med. | Stoff | 3/30/66 |
| 23C. PHYSTCIAN'S | | 23D. ADDRESS | Thy s. | |
| NAME (Typel | | | D LILL VECNI | CATON BALTO 30 |
| RAFAEL MARIN | M.D. | ST AGNES HOSI | | CATON BALTO 29 |
| 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | 24C. NAME of CEMETERY OF CR | EMATORY 24D. | LOCATION | ity, tawn, or county) (Stote) |
| | MEN DOLIDIDAE ARTO | 17777 | TMTIODE | |
| | MEADOWRIDGE CEMET | ERY BA | LTIMORE, | MARYLAND ADDRESS |
| APR 1 1988 (20 1-0 | La Daniel | | | #29 |
| - 1000 appear | 1 Manager | HUBBARD FUNE | ERAL HOME, 41 | 07 WILKENS XVENUE |
| VS 150-REV. 1/1/65 | No. | | | |

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VS 150-REV, 1/1/65

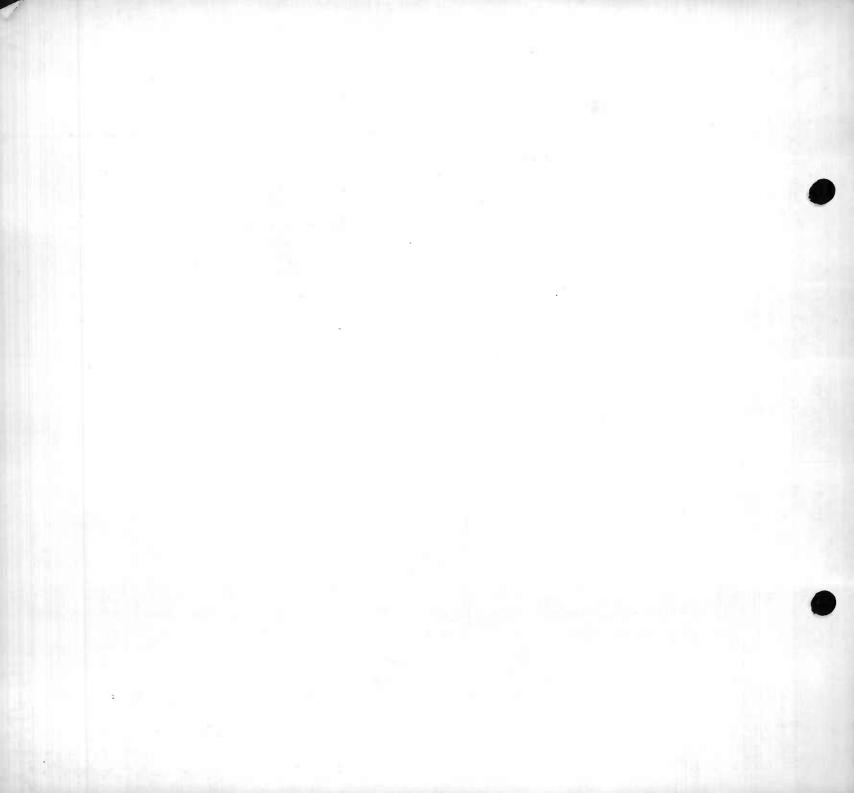


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DIRECTOR:

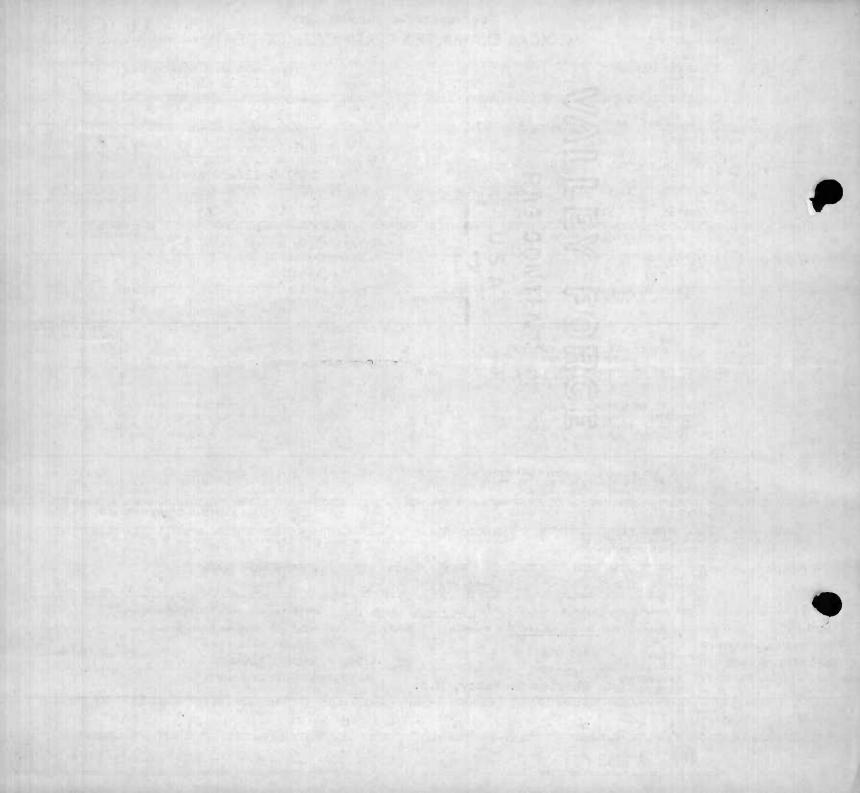
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BALTIMORE CITY HEALTH DEPARTMENT



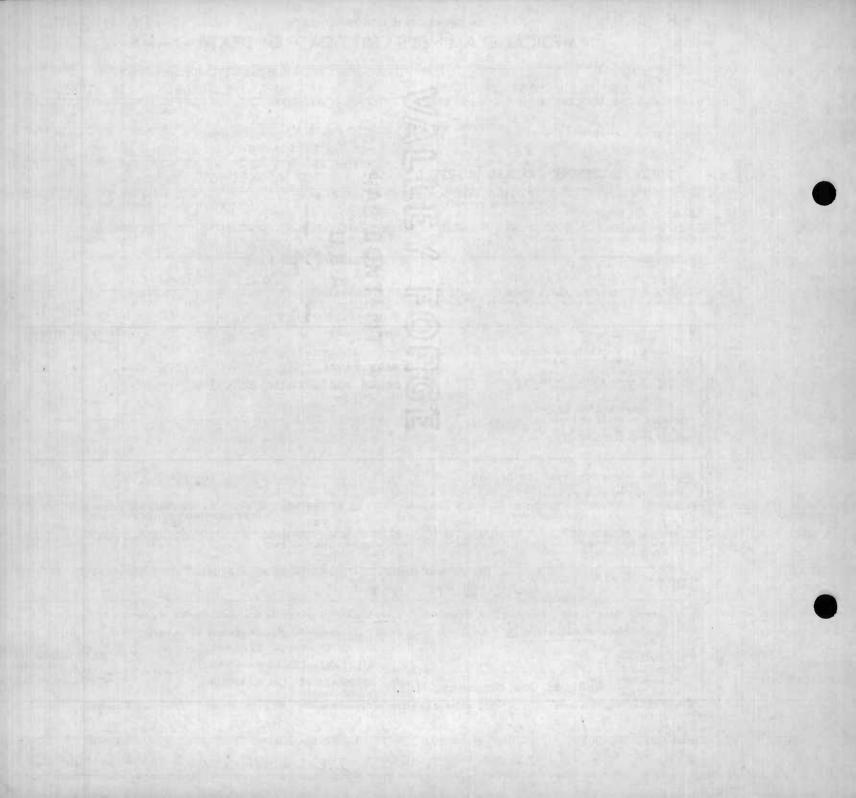
| | XAMINER 5 CI | EKIIFICATE OF DEATH Registered Na. |
|--|------------------------------|--|
| M.E. CASE NO. 1. NAME OF DECEASED | | 2. DATE AND HOUR PRONOUNCED DEAD |
| (Type or Print) ETTA | WELCH | April 1, 1966 7:37 A |
| 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON | OUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence befare admissing A. STATE B. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INST | ITUTION, GIVE STREET | Maryland |
| HOSPITAL OR ADDRESS OR LOCATION) | | C. CITY OR TOWN (If autside carparote limits, write RURAL and give township) |
| | No. | Baltimore D. STREET ADDRESS (If rural, give location) |
| Union Memorial Hospital | | 2401 Guilford Avenue |
| | D, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H Months, Days : Hours , Mir |
| Female Negro | , DIVORCED (specify) | July 8, 1902 63 |
| tOA, USUAL OCCUPATION (Give kind of work 10B, KIND dane during most of working life, even if retired) | OF BUSINESS OR INDUSTRY | A NULLE COLLEGE |
| | | WORTH CHROLINIA |
| DANIEL SPRO | , or & | 14. MOTHER'S MAIDEN NAME |
| DANIEL 2000 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL | 17. INFORMANT ADDRESS |
| (Yes, na arunknawn) (If yes, give wor ar dates of service | | RUTH WELCH (SAME) |
| 118. | | |
| 15/XI | CAUSE | OF DEATH INTERVAL BETWEEN ONSET AND DEAT |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | Carci | noma of Stomach. |
| (This daes not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease | DUE TO | nona of Beomach. |
| injury ar complication which caused death.) | | |
| ANTECENDENT CAUSES | (B) | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE | | |
| UNDERLYING CONDITION LAST. | (C) | |
| <u> </u> | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO | | |
| DISEASE OR CONDITION CAUSING IT. | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED | R WHICH OPERATION | 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| ZIA, EXTERNAL CAUSE WAS | B. PLACE OF INJURY (e.g., | in ar about 21 C. WHERE DID (If in Baltimore City, give exact location) |
| UNDERLYING OR CONTRIB- | me, tarm, toctary, street, a | office bldg., INJURY OCCUR? |
| 21D TIME (Manth) (Doy) (Year) (Hour) | 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| (APPROX.) | WHILE AT NOT AT W | WHILE ORK |
| 22. I certify that I held an Inquiry | | apsy and that an this basis, death in my apinlan |
| resulted from: Natural causes | Accident Suicide | |
| (/ | Accident Street | CHIEF MEDICAL EXAMINER |
| ACTUAL (Carle) | lan un | DATE SIGNED |
| SIGNATURE CALLED | | ASSOCIATE MEDICAL EXAMINER 4/1/66 |
| NAME (Type) Charles S. F | | |
| 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) | 23C. NAME OF CEMETERY O | 20 00 000 |
| BURIAL 4-5-1966 | HRBUTUS | |
| | E OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS |
| APR 4 1988 00 00 3 | To Day M. B. | I.L BROWN +SON 123 W. MONTGON |

VS 151-REV. 1/1/65



| BIRTH NO. MEDICAL EXAMINER'S C | ERTIFICATE OF DEATH Registered No. |
|---|--|
| M.E. CASE NO. | |
| 1. NAME OF DECEASED Type or Print) | 2. DATE AND HOUR PRONOUNCED DEAD |
| ARTHUR RANTION | April 2, 1966 12:50 A _A . |
| B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission 8. COUNTY Maryland |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore |
| SOUTH BALTIMORE GENERAL HOSPITAL - DO | D. STREET ADDRESS (If rurol, give locotion) 107 W. Hill ST. |
| S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Negro | 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs Months, Doys Hours, Min. |
| INC. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI | Y 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF |
| | SOUTH CAROLINA WHAT COUNTRY! |
| SAMUEL RANTION | FLORENCE WILLIAMS |
| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | 17. INFORMANT ADDRESS |
| Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. | JERVINE RANTION 107 W. HILL. |
| 18. CAUS | E OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | ONSE! AND DEATH |
| LEADING TO DEATH (A) Fat | ty liver |
| (This does not meon the mode of dying, e.g., heof foilure, osthenio, etc. It meons the disease, injury or complication which caused death.) | ute and chronic ethylism |
| milety of complication which coosed deams | |
| ANTECENDENT CAUSES | |
| DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | |
| UNDERLYING CONDITION LAST. | |
| Z (C) | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION | |
| DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 218. PLACE OF INJURY (e.g., home, form, foctory, street, | in or about 21C. WHERE DID (If in Boltimore City, give exact location) |
| UTING CAUSE OF DEATH. | |
| | 21F. HOW DID INJURY OCCUR? |
| 22 | VORK |
| I certify that I held an Inquiry Inspection Au | ond that on this basis, death In my opinion |
| resulted from: Notural couses X Accident Suicio | de Homicide Undetermined monner |
| 1/1/20 | CHIEF MEDICAL EXAMINER DATE SIGNED |
| SIGNATURE A CLUMENT M.C | ASSISTANT MEDICAL EXAMINER X |
| EVANIMENTS | ASSOCIATE MEDICAL EXAMINER 4-2-66 |
| NAME (Type) Rudiger Breitenecker, M.D. | |
| 23A, BURIAL CREMATION 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) | |
| REMOVAL SPECIFICATION SUMMER | ETON CEM. DUMMERTON. S.C |
| 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS |
| | |

VS 151-REV. 1/1/65



| | | 66 33308 | B | BALTIMORE CITY HEAL | TH DEPARTMEN | NT . | | 00 1,2308 |
|--------|---|---|---------------|---|------------------------|------------------|--|--|
| BIRT | H NO. | MEDI | CAL EX | AMINER'S C | ERTIFICAT | TE OF I | DEATH Register | ed No. |
| M.E | CASE NO. | | | | | | | |
| 1. N | AME OF DEC | CEASED | 0 | | | 2. DATE AN | D HOUR PRONOUNCE | D DEAD |
| , | , c di 111111 | Jo | seph % | • Kratfel | | | 3/28/6 | 66 5:00 p. M. |
| 3. P | LACE IN BALT | IMORE, MARYLAND, W | HERE PRONOU | INCED DEAD | 4. USUAL RESID | ENCE (Where | deceased lived. If instit | tution: residence before odmissian) NTY |
| HO | L NAME OF | (IF NOT IN HOSPITA | AL OR INSTITU | ITION, GIVE STREET | C. CITY OR TO | ryland | e carparate limits, write | RURAL and give township) |
| INS | TITUTION | | | | Ra | ltimore | # 24 | 26-19 |
| 1 | 0 | ita Nagaitala | | | D. STREET ADD | | | ~ |
| | | ity Hospitals | | | 42 | 4 S. Gr | undy St. | 11/11 4 1 9 1/11 1 0/11/ |
| 5. S | male | 6. RACE white | WIDO WED, I | NEVER MARRIED DIVORCED (specify) | | | lost birthdoy | Months Doys Hours Min. |
| toA | | JPATION (Give kind of work | Never | Married BUSINESS OF INDUSTRY | April 11. BIRTHPLACE | (State or foreig | n country) | 12. CITIZEN OF |
| | during most of | working life, even if retired) | / . | 6 " 6 | | | | WHAT COUNTRY? |
| 13 6 | ATHER'S NAM | Worker | Beth | . Steek (o. | Balt 14. MOTHER'S M | AIDEN NAM | F | и.э.л. |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1-18-1 | C- | | | | , |
| 15 1 | WAS DECEASE | Stephan J. K | | 16. SO CIAL | 17. INFORMANT | rnn | a C. Tancibo | ADDRESS |
| | , na ar unknawn | | s of service) | SECURITY NO. | | | | No areas |
| | Yes | 9-19-46 to 4 | 447. | 213-09-1833 | Frank J. | Kratle | 1 713 S. Fo | roleu St. Balto. 2 |
| | 1B. | 103,5 | | CAUSE | OF DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEA | SE OR CONDITION DI | RECTLY | | | | | |
| | (T) : 1 | LEADING TO DEATH | | (A) Pulmon | ary embol | ism, co | mplicating o | cranio- |
| | heart failure, | nat meon the made of , osthenio, etc. It meons | the disease, | DUE TO | cerebral | | | |
| | injury or co | mplication which caused | de om./ | | | | | |
| | | ANTECENDENT CAUSE | S | (R) | | | | |
| | RISE TO TH | OR CONDITIONS, IF A E ABOVE CAUSE (A) ST | NY, GIVING | DUE TO | | | ************************************** | |
| | | NG CONDITION LAST. | | (6) | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| O | | | | (C) | | | | |
| CATION | OTHER SIG | II NIFICANT CONDITIONS | CONTRIBUTION | NG | | | | |
| 잂 | TO THE | DEATH BUT NOT RE | LATED TO TI | | | | | |
| ERTIFI | | OPERATION 198, CON | | WHICH OPERATION | 20A. AUTOPSY | (Yes at No) | 20B. IF YES, WERE FIN | IDINGS CONSIDERED |
| ü | 2. | WAS PER | | | | | IN CERTIFYING CAUS | |
| 7 | 21 A. EXTERNA | L CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., | in ar about 21C. V | WHERE DID | (If in Baltimare City, giv | re exact location |
| S | | XOR CONTRIB- | hame, | PLACE OF INJURY (e.g., form, factory, street, o | | | | 06-07 |
| P | | | | alley | | ey alon | | S. Haven St. |
| 15 | OF INJURY | (Month) (Doy) (Year | | TE. INJURY OCCURRED | | | | |
| | (APPROX.) | 3 14 66 | 1:55a, % | VORK NOT AT W | while x fe | 11 whil | e drinking | |
| | 22. | tify that I held an I | nguiry 🗌 | Inspection Aut | apsy an | d that on th | is basis, death in m | y apinian |
| | | ted from: Natural ca | | celdent 🔀 Sulelde | | | Undetermined manne | |
| | 18501 | 1 | 0262 | Joicius Joicius | | | AMINER | |
| | ACTUA | L 100000 | | //- | | | | DATE SIGNED |
| | SIGNAT | | 711 | M.D. | ASSISTANT M | | | 2/20/66 |
| | EXAMIN | - \ | | 1,0 | ASSOCIATE M | MEDICAL EX | XAMINER | 3/29/66 |
| | NAME (| MATION, 23B. DATE | Spitz, | M.D. | r CREMATORY | 23 D. L | OCATION (City, | town, or county) (State) |
| REA | AOVAL (Specif | . 1 1. 1 | 66 | C4 C4 · .1 | | 651 | F Route 1 | 0 1 A1 |
| 244 | DUL. | | -00. | St. Stanislar OF REGISTRAR | 1/4C FUNER | AL DIRECTOR | 5 Boston Ave | Dalto, Ild. |
| 247 | APR | 4 1958 Role | | Lubeu MA | Polone | Pen ! | Leilen Bal | S. Conkling St. |
| VS | 151-REV. 1/1/ | 65 m/ | | | - POTAGE | W W | The sur | |

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BALTIMORE CITY HEALTH DEPARTMENT

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IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

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IMPORTANT

DIRECTOR:

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And the Control of

and the part of M.A.

A section of the contract of t

| BIRTH NO. WATTING 66 13311 | | TE OF DEATH | Registered No. | 6 ()3311 | | |
|--|--|--|---------------------------------|--|--|--|
| 1. NAME OF DECEASED (Type or Print) BABY GIR | L THOMAS | 2. DATE A | RCH 25, 19 | 066 3:20 P | | |
| FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPITA | ition, give street | A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) GLEN BURNIE D. STREET ADDRESS (If rural, give location) | | | | |
| | RRIED, NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | If Under 1 Yr.) If Under 24 H Months! Days Hours! Min. | | |
| FEMALE WHITE "T | NFANT (specify) | 3-25-66 | iosi binnooy) | 1 30 | | |
| OA. USUAL OCCUPATION (Give kind of work 10 B, KIN done during most of working life, even if retired) | ID OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or fo MARYLAND | , | 12. CITIZEN OF WHAT COUNTRY? | | |
| 3. FATHERS NAME | | 14. MOTHER'S MAIDEN N. | AME | | | |
| DONALD | | MAUREEN THO | MDCON | | | |
| 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser | vice) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | AND CATON | AVENUADORESS ORDS - WILKENS | | |
| heard foilure, osthenia, etc. II means the disinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above couse (A) stating UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | (B) | | | | | |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED | | 20A. AUTOPSY? (Yes or I | 10) 20B. IF YES, WERE | FINDINGS CONSIDERED USES OF DEATH? | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) | or obout 21C. WHERE DID fice bidg., INJURY OCCUR? | (If in Boltimore | e City, give exoct location) | | |
| 21 D. TIME (Month) (Doy) (Year) (Hour) | 21 E. INJURY OCCURRED | 21 F. HOW DID IN | JURY OCCUR? | | | |
| (APPROX.) | While At Not While At Work | | | | | |
| | | | | | | |
| 22. I certify that (1) (this hospital) attention that (N) (we) lost saw the deceased alive and hour and from the causes stated about 23A, SIGNATURE | ve. XI) (We) (did) (dX nX) v | iew the bady after death | hot in (n)() (our) opi | nion death occurred on the o | | |
| that (X (we) lost saw the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICANIL FX. PURK TINKER | on MARCH 25 ve. XI) (We) (did) (dix nx) v | 19.66and iew the bady after death of the bady af | Stoff Phys. | 23B. DATE SIGNED | | |
| that (N (we) lost saw the deceased alive ond hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIPANIS L FX. PUNK TINKER 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burnel 4-1-66 | ve. XI) (We) (did) (did) noX) v | 19.66and iew the bady after death of the bady af | Stoff Phys. Location Co | 23B. DATE SIGNED | | |

A A D R W ST

- 5- - F. P. P. - St. . 22.5.

100 17 100

| (1) | Y HEALTH DEPARTA | | 111 (10) (10) | 10 |
|--|---|--------------------------------------|-------------------------------|--------------------------------|
| CERTIFICA | ATE OF DEA | | (10 37.)(). | |
| = GINNIS | 2. | MARCH 30 | . / | 25 A M. |
| AND | 4. USUAL RESIDEN | CE (Where deceased lide B. COUNTY | ed. If institution: residence | |
| nstitution, give street | MARYC | AND | 708 | 0 |
| | BALL 77 | (If outside city limits, | , write RURAL and give to | wnship) |
| | D. STREET ADDRES | | tion) | |
| AL HOSPITAL | 1807 | E, 30 | - ST. | |
| MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In year lost birthdoy) | Months Doys | If Under 24 His. Hours Min, |
| R. KIND OF BUSINESS OR INDUSTR | Y 11. BURTHPLACE (Sto | te or foreign country) | 12. CITIZEN OF | |
| RETTRED | MARYC | AND | WHAT COU | INTRY? |
| , - , , , , | 14. MOTHER'S MAI | DEN NAME | 03/1 | |
| ME GINNIS | HATTIE | MARGAN | RET HAN | 4N |
| service) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRE | SS |
| | CHART | _ | | |
| | OF DEATH | . / | | AL BETWEEN AND DEATH |
| TLY (A) | remove | erote a | ardes- | |
| ing, e.g., DUE TO | rascular | disinsi | | 0 |
| o th.) | rute pul | mary 6 | Domas 4 | - hours |
| DUE TO | pue | J | | |
| oling the (C) | | | | ••••• |
| | | | | |
| TRIBUTING TO THE | | | | |
| ON FOR WHICH OPERATION | [20A, AUTOPSY? () | es or Noll 20B. IF YES | WERE FINDINGS CONSIL | DEBED |
| MED | No | IN CERTIFYIN | G CAUSES OF DEATH? | |
| 21B. PLACE OF INJURY (e.g., home, form, foctory, street, | in or about 21 C. WHER office bldg., INJURY O | E DID (If in E | Boltimore City, give exact | locotion) |
| etc.) | | | | |
| 1000) 21E. INJURY OCCURRED While At Not Wh | | DID INJURY OCCUR? | | |
| Work At Work | | | 11 6 0211 5 | |
| live on MARCH 3 | 19 6 6 | 9 19 <i>66</i> to | MARCH 3 | |
| | | | or) apinion death accu | rred on the date |
| abave. (1) (We) (did) (did nat) | view the bady after | death. | 23B. DATE SIGNE | D_ |
| M.D. AI | tending Med. | or Stoff Phys. | March | |
| PODING ID | 23D. ADDRESS | | HOSPITAL | |
| BORING, JR. M.D | | | | |
| 24C. NAME of CEMETERY OF CI | | 24D. LOCATION | (City, town, or county | (Stote) |
| Moreland Memor | | Baltim | ore Maryland | DESS |
| THE OF RECORDER | John (. | Miller Inc-6 | 415 Belair Ro | ad 21206 |

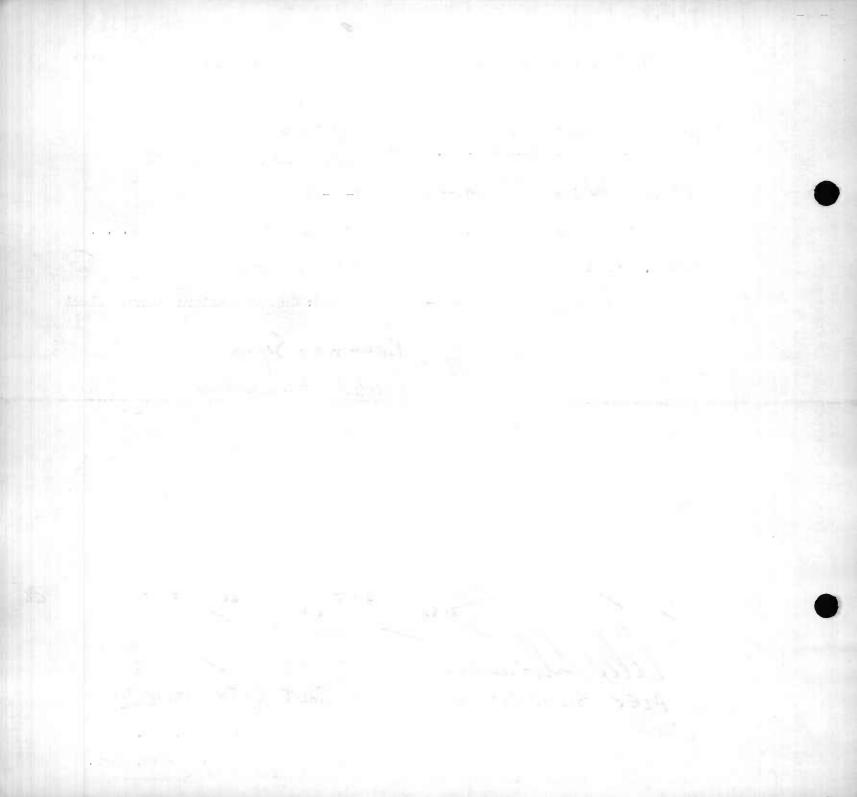
THE SERVICE STREET STREET IN THE STREET SWEW YELL UNION MEMORIAL FOSTIAL 1807, E. 30 " ST. M Causasina M 19 30/4/1 ABUSE PRIMITER - RETIRED HURRAND CLEVELAND LED INS 6/10/103 HOTTHE MARCHIET HILLING CHART Chente sulmonary illan DE WORDEN DE PZ HANNA OF HITHIRD

G-610

| 100 | H NO. | MEI | DICAL EX | CAMINER'S C | ERTIFICATE | OF DEATH Registe | red No. 33 3 | | |
|--------------|--|---|--|--|---|--|---|--|--|
| - | CASE NO. | EACED | | | lo m | ATE AND HOUR BRONGHING | TD DIAD | | |
| {Тур | AME OF DEC | CEODCE | II CPOP | ממ | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| 3. PI | ACE IN RALTI | MORE MARYLAND, | H. GROP | | TA LISTIAL PESIDENC | March 30, 1966 | 7:24 A _M . | | |
| | L NAME OF | | | JTION, GIVE STREET | Mary | Land | titutian: residence befare admissian UNTY | | |
| HOS | PITAL OR | ADDRESS OR LO | CATION) | THOM, GIVE STREET | | (If outside corporate limits, write image) | e RURAL and give township) | | |
| | | | | | | (If rurol, give location) | 100 | | |
| | JOHNS HO | PKINS HOSP | ITAL - DO | A | | N. Port St. | | | |
| 5. SE | ale | White | WIDOWED, | NEVER MARRIED DIVORCED(specify) ATTIED | 8. DATE OF BIRTH 6/20/191 | 9. AGE (In years last birthday) 46 | If Under 1 Yr. If Under 24 Hrs Months, Days, Hours, Min. | | |
| dane | | arking life, even if retired | 3) | BUSINESS OR INDUSTRY | Baltimor | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. F | ATHER'S NAM | | | | 14. MOTHER'S MAIDE | N NAME | | | |
| | (| George J. | Groppe | | Elizab | eth Bamberger | | | |
| | VAS DECEASED | O EVER IN U.S. ARM | ED FORCES? | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | | |
| 1,63, | yes | WW 2 - N | | 12-03-0671 | Anna Svrj | cek Groppe, w | vife, above | | |
| 1 | IB. // | 31. | | CAUSE | OF DEATH | | INTERVAL BETWEEN | | |
| | DISEAS | E OR CONDITION | DIRECTLY | | | | ONSET AND DEATH | | |
| | | LEADING TO DEA | TH | "Arteri | osclerotic o | cardiovascular d | isease | | |
| | (This daes no heart failure, injury or com | at mean the mode osthenio, etc. It med aplication which cause | of dying, e.g., ins the disease, d death.) | DUE TO | | | | | |
| 7 | DISEASES C | NTECENDENT CAU OR CONDITIONS, IF E ABOVE CAUSE (A) G CONDITION LAS | ANY, GIVING | (B) DUE TO | | | | | |
| <u>Ó</u> - | | " | | () } | | 0000==000==0==++00000+0=000000000000000 | | | |
| ERTIFICATION | TO THE | (I IIFICANT CONDITION DEATH BUT NOT CONDITION CAUSI | RELATED TO T | | | | | | |
| CERT | | OPERATION 198. CO | | WHICH OPERATION | 20A. AUTOPSY? (Ye | S OF NO. 20B. IF YES, WERE FI | | | |
| | 21A. EXTERNAL UNDERLYING I UTING I CAUS | | 21 B. home etc.) | PLACE OF INJURY (e.g., , farm, foctary, street, c | in or obout 21C. WHER iffice bldg., INJURY OC | E DID (If in Boltimare City, g CUR? | ive exact lacation) | | |
| Σ | | | | TE. INJURY OCCURRED WHILE AT NOT AT W | WHILE | DID INJURY OCCUR? | | | |
| | 22. | ify that I held an | | | | at an this basis, death In a | ny anintan | | |
| | | | | coldentSylicid | | Undetermined mann | | | |
| | ACTUAL | 1/11 | STO PI | -7 () | CHIEF MEDI | CAL EXAMINER | DATE SIGNED | | |
| | SIGNATU | ED'S | Jug C | | ASSOCIATE MEDI | CAL EXAMINER X | 3-30-66 | | |
| 22.4 | NAME (T | ype) / Rudi | | enecker, M.D. | | | | | |
| | BURIAL CREA | | | C. NAME OF CEMETERY | | | , town, or county) (Stote) | | |
| 24A. | Burial | 4/1/6 BY HEALTH DEPT. | | altimore Na | tional Cem | Baltimore, | Md. ADDRESS | | |
| | nn 1 | 1028 10 | 0.00 | Dea M.A. | | ek Funeral Ho | me, Inc. | | |

VS 151-REV. 1/1/65

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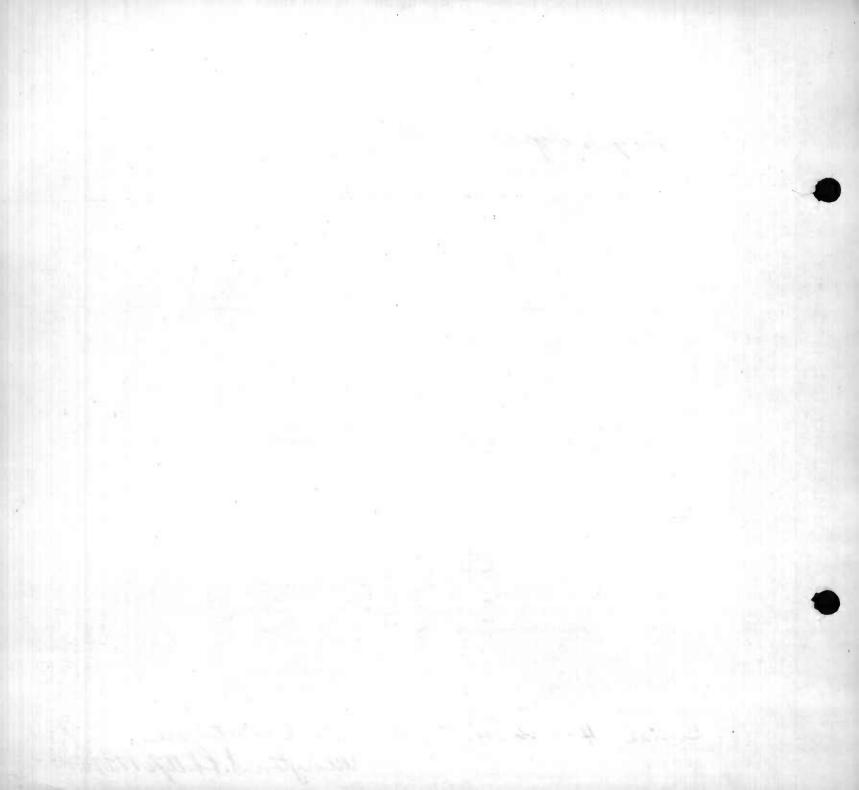


C-500

| MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH Registered No. |
|---------|------------|-------------|----|----------------------|
| | | | | |

| SKIII (VO. | MEDI | CAL LA | AMIITERS | EKINICAI | LOIL | | | |
|---|---|---|--|--------------------|---------------------|--|-------------------|-----------------|
| M.E. CASE NO. | | | | | 2 DATE AN | D HOUR PRONOUNC | ED DEAD | |
| 1. NAME OF DECEASED | ward | | | | | | | 10.00 4 |
| 3. PLACE IN BALTIMORE | N CAIN | IERE PRONOL | INCED DEAD | 4. USUAL RESIDI | ENCE (Where aryland | ch 30, 1966 deceosed lived. If insi | itution: lesidend | 10:00 A |
| FULL NAME OF (IF HOSPITAL OR AI | C. CITY OR TOW | • | e corporate Jimits, write | RURAL ond | give township) | | | |
| Common and the | | | | D. STREET ADDR | ESS (If jurol, | give location) | 01 | |
| UNION | MEMORIAL I | HOSPITA | L - DOA | | | ley Ave. | | |
| 5. SEX 6. RAC | | | NEVER MARRIED | B. DATE OF BIRTH | 1 | 9. AGE (In years lost birthday) | | Yr. If Under 24 |
| Male Whi | | | DIVORCED(specify) | 12/9/19 | 02 | 63 | Woman's Do | ys Hours Mi |
| IOA. USUAL OCCUPATIO | | IOR KIND OF | BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (| State or foreig | n country) | 12. CITIZEN | OF OUNTRY? |
| otor Inspec | | eth.S | teel Corp. | Baltim | ore, I | Md. | | OUTTINE. |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MA | AIDEN NAM | | , | |
| | les Jame | | | | Mary | Ellen Edm | | |
| 15. WAS DECEASED EVE (Yes, no or unknown) (If yes | | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS | |
| no | | 21. | 3-07-9720 | Jennie | Mazur | Cain, wif | e, abo | ve |
| DISEASES OR CORREST TO THE RESIGNIFICATION THE DEATT | IO, etc. II meons on which coused dependent CAUSES ONDITIONS, IF AN VE CAUSE (A) ST. NDITION LAST. II NT CONDITIONS (1) BUT NOT REL | the disease, eath.) NY, GIVING ATING THE | | | | | | |
| 19A. DATE OF OPERA | TION 198 CONE | | WHICH OPERATION | 20A. AUTOPSY? | (Yes or No) | 208, IF YES, WERE FI | | |
| 21A. EXTERNAL CAU UNDERLYING OR C UTING CAUSE OF | ONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., form, foctory, street, | in or obout 21C. W | HERE DID OCCUR? | Of in Boltimore City, gi | ve exocl locoti | on) |
| 21D TIME OF INJURY (APPROX.) | h) (Doy) (Yeor) | v | TE. INJURY OCCURRED WHILE AT NOT NOT ORK | WHILE 21F. HO | OW DID INJU | IRY OCCUR? | | |
| 22. I certify the | ot I held on In | quiry 🗌 | Inspection X Au | utopsy and | that on thi | s bosis, deoth in r | my opinion | |
| resulted fro | m: Notural can | ses X A | ccident Suicio | | | Indetermined monn | er | |
| ACTUAL SIGNATURE_ | 10/ | Surli | The Man | ASSISTANT MI | EDICAL EX | AMINER X | C | DATE SIGNED |
| EXAMINER'S NAME (Type) | Rudig | er Brei | tenecker,/M. | D. ASSOCIATE M | EDICAL EX | KAMINER . | | 3-30-66 |
| 23A, BURIAL CREMATIO | N, 28B DATE | 23 | C. NAME OF CEMETERY | OI CREMATORY | 23 D. L | OCATION (City | , town, or coun | ty) (Stoto) |
| REMOVAL (Specify) Burial | 4/2/66 | Н | oly Rosary | Cemetery | В | altimore, | Md. | |
| 24A. DATE REC'D BY HE | | 24B. NAME | OF REGISTRAR | | | Funeral Ho | | RESS |
| APR 4 19 | of the ball | E, de | VICE THE | 333 | 1 Brel | hms Lane | | |

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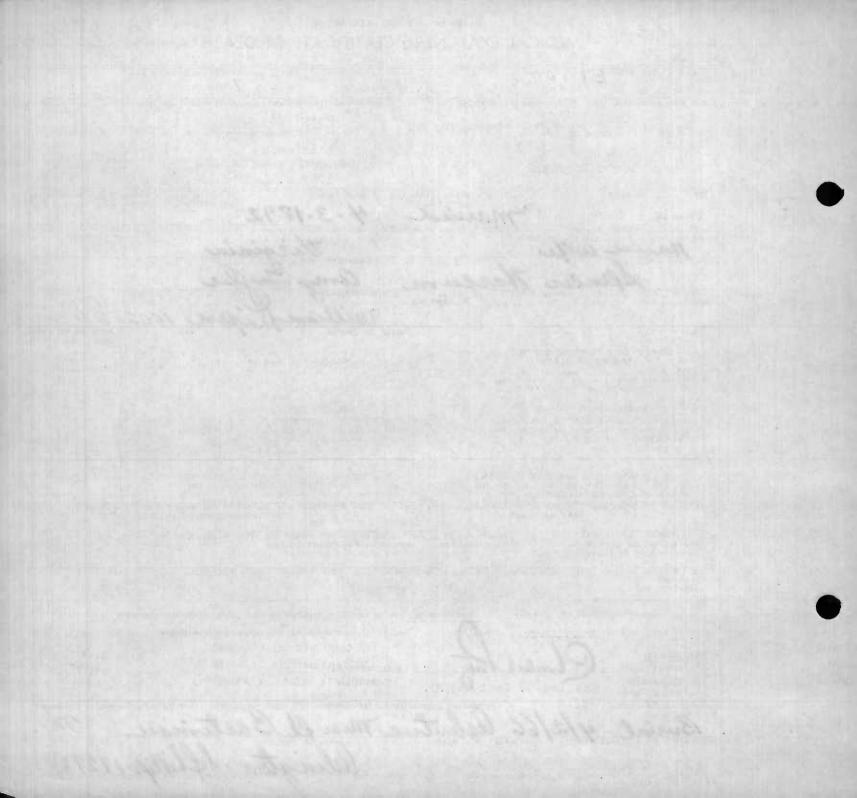
FUNERAL DIRECTOR

24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

24B. NAME OF REGISTRAR

ADDRESS



If Under 24 Hrs.

ADDRESS

INTÉRVAL BETWEEN

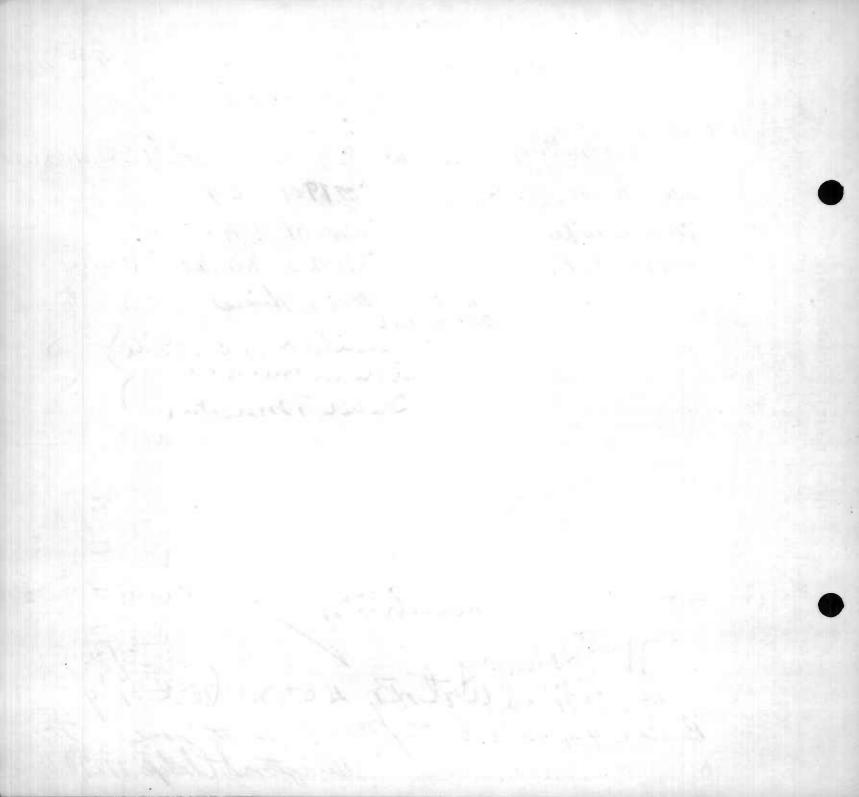
ONSET AND DEATH

(Stote)

ADDRESS

IMPORTANT DIRECTOR: FUNERAL

approved



| 8 | -515 | 66 0331 | 9 | BALTIMORE CITY | HEALTH DEPARTMEN | ₹T | RE 02219 |
|-------------------|--|--|------------------------|----------------------------|----------------------------|---|---|
| BIR M. 1. N | TH NO. | | | CERTIFICA | TE OF DEAT | H Registered No. | 66 03319 |
| | E. CASE NO. | | | | 2 DA | TE AND HOUR OF DEATH | |
| | pe or Print) | | (| 11100011 | 2. 0. | 24-6-6-4 | 12/66 7 B |
| 3 | PLACE OF DEATH IN | BALTIMORE MARYLA | ND / | TMERON | I A LICUAL RECIDENCE | | |
| Je | TEACE OF DEATH IN | BALIIMORE MARIEA | 110 | | A. STATE B. | COUNTY | nstitution: residence before odmission) |
| | FULL NAME OF | (If not in hospital or in: | stitution, give | street | Md. | | |
| | | oddress or location) | | | | (If outside city limits, write | RURAL and give township) |
| | | | | | BAL | TIMOR C | |
| | Rain | rn Avenue, | 057. | | D. STREET ADDRESS | (If rurol, give location) | |
| ١. | OND FORTS | ma Arraniza | Pa1+1 | bM onom | 528 W | · SARA700 | A st. 21201 |
| 5. | SEX . 6. RAC | THE AVEILUE | AARRIED, NI | VER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr If Under 24 Hrs. |
| | M - 1 | T) V | VIDOWED, I | DIVORCED (specify) | 6-20-0 | | Months Doys Hours Min. |
| | ale | egro | | 161E | _ | - 60 | |
| | USUAL OCCUPATIOn during most of working | | KIND OF BU | ISINESS OR INDUSTRY | 11. BIRTHPLACE (Stote of | r foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | | | | | ./\) | C | USA |
| 13. | FATHER'S NAME | | - | | 14. MOTHER'S MAIDEN | NAME | |
| - | | DHROE (| 1. | | A A . | | c = N. 0 |
| | | | om | vion | MARY | FRANC | (> Haward |
| 15. (Ye | Was Deceased Ever in | n U. S. Armed Forces? s, give wor or dotes of | service) 1 (| SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | 7 | ., 5 | - 3111007 | JECORITI NO. | Recorde . K | THALALON THE + | tern Avenue, 21224 |
| _ | 1B. 1 Q Q | ^ • | | CAUSE O | | orrang to that | INTERVAL BETWEEN |
| | 17/.0 | 2 | | CAUSE | DEATH | | ONSET AND DEATH |
| | | CONDITION DIRECT | LY | 11 | 000 | | in > 4 mouth |
| | | an the mode of dyin | | (A) 10 e | opeasm, u | ubnown orig | m / montes. |
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| | injury ar complication | on which caused dear | th.) | | | | |
| | ANTEC | EDENT CAUSES | | DUE TO | | | |
| | DISEASES OR CO | ONDITIONS, if any, | giving | 901.10 | | | |
| | | ve couse (A) stol | ing the | (C) | | *************************************** | |
| | UNDERLYING COM | ADITION last. | | | | | |
| - | | H | | | | | |
| ATION | TO THE DEATH | T CONDITIONS CONT BUT NOT RELATED | RIBUTING | | | | |
| AT. | DISEASE OR COND | ITION CAUSING IT. | _ | | | | |
| CERTIFIC | 19A. DATE OF OPERA | ATION 198. CONDITION WAS PERFORM | ON FOR WH | ICH OPERATION | 20A. AUTOPSY? (Yes | OT NO. 208. IF YES, WERE | FINDINGS CONSIDERED |
| ERT | 0 | | | | 100. | | |
| | 21 A. ACCIDENT WA | S UNDERLYING | 21 B, PL | ACE OF INJURY (e.g., in | fice bldg., INJURY OCC | OID (If in Boltimo | re City, give exact location) |
| AL | DEATH (notify medical | ol exominer) | etc.) | idili, locioty, sileet, of | nee orage, my oki occi | | |
| DIC | 21D. TIME (Mont | th) (Doy) (Year) (Ho | our) 21F. IN | JURY OCCURRED | 21F. HOW DI | D INJURY OCCUR? | · |
| ME | OF INJURY | | While | | | J. HIJORI OGGOR | |
| - | (APPROX) | | Work | At Work | | | |
| | 22. I certify that | () (this hospital) att | ended the | deceased fram | 3-18 | 1966 ta 8 | 66-4=+/2/ 1966 |
| | | saw the deceased al | | 2-1-1-12 | 1 19 bh - | | inion death accurred on the date |
| | | | | and the second | | | death decorred on the date |
| | | the couses stated o | bave. 47 | We) (did) (did not) v | iew the bady after de | ooth. | |
| | 23A. SIGNATURE | 50 1 | 01 |) | | | 23B. DATE SIGNED |
| | 1. | 4) and | all | M.D. Atte | ending Med. S. Director | Stoff Phys. | 17576-1- |
| | 23C. PHYSICIAN'S NAME (Type) | | 100 | | 23D. ADDRESS | | 7/2/ |
| | NAME (Type) | J.E. Randa | 11 | | | en Avenue, B | . bM. second to |
| | | | | | | | |
| 24/ | REMOVAL (Specify) | N, 24B. DATE | 24C.NAM | E of CEMETERY OF CRE | MATORY 2 | 4D. LOCATION (C | city, town, or county) (State) |
| | Remared | 4-5-66 | lens | Ing Rose | | Vitte Co. | 11,6 |
| 25/ | A. DATE REC'D BY HE | ALTH DEPT. 258. | NAME OF | REGISTRAR | 250 FUNERAL DIRE | CHOR III | ADDRESS |
| A | hi 4 4800 | | 00 200 | T 1 4 4 4 | Minai | EN Show | 1017277 M Mary and |
| A | 150-REV. 1/1/65 | 0000 | 100 | | munda | The Human | 7-112 111, 189 ACTION |
| | 130-REV. 1/1/03 | THE THE PARTY OF T | NAME OF TAXABLE PARTY. | TARRE | 1/ | / | |



| | H NO. | 66 0 | 3320 | CERTIFICA | | | egistered No | 66 03320 |
|---------|---------------------------|---|---------------|-----------------------------|--------------------|-----------------------------|--------------------------|--|
| 1. N | AME OF DECEA | SED | | | | 2. DATE AND HO | OUR OF DEATH | 1030 |
| | e or Print) | OUISE | | MORE | | 3-3 | 1-66 | 10-PN |
| 3. P | LACE OF DEATH | IN BALTIMORE, MAR | YLAND | | A. STATE | B. COUNTY | eosed lived. If ins | stitution: residence before odmission) |
| | ULL NAME OF | (If not in hospital a | | give street | | YCANI | | 8-05 |
| | HOSPITAL OR NSTITUTION | oddress or location) | | | C. CITY OR TO | | | URAL and give township) |
| 0 | UNIC | JERS 17 Y | 1 | HOSPITAL | D. STREET ADD | Drone | give location) | |
| Ŏ | | | | | 16.5-1 | | | JAVE |
| 5. S | EV IA | RACE | 7 AAARRIED | NEVER MARRIED | 8. DATE OF BIRT | | | If Under 1 Yr. If Under 24 Hrs. |
| J. 3 | | | WIDOWED | , DIVORCED (specify) | 1-23- | lost b | E (In years pirthdoy) | Months Doys Hours Min. |
| LEA | USUAL OCCUPA | ATION (Give kind of work) | IOR KIND OF | MATED BUSINESS OR INDUSTRY | | | S 8 | 12. CITIZEN OF |
| don | during most of wor | king life, even if retired) | | | | WIA | | WHAT COUNTRY? |
| | Housen | ITE | | | | | | 0 77 |
| 13. | FATHER'S NAME | 1 | | | 14. MOTHER'S | | , , | |
| | | | HAR R | | 60 | ICICLE | HAR | NS |
| | | er in U. S. Armed Force I yes, give wor or dotes | | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS |
| | NO | | | NONE | | | | |
| | 18. / / / / / | VI | 1 1 1 1 1 1 1 | CAUSE O | F DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | OR CONDITION DIRE | ECTLY | 0 | | 0. 1- | | ONSE! AND DEATH |
| | | ADING TO DEATH | | (A) 1151 | PERATION | PNE | UDNIA | Q 00 000 0 000 000 000 000 000 000 000 |
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| | | icalian which coused | death.) | . AZO | FMIA | SERONDA | ny 70 | |
| | AN | ITECEDENT CAUSES | | DUE TO | | | | |
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| | | CONDITION Iosi. | olding me | (6) | | | ., | |
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| ON | OTHER SIGNIFIC | TH BUT NOT RELA | ONTRIBUTING | G E | | | | The Late of the La |
| CATIO | DISEASE OR CO | ONDITION CAUSING IT | | | IZOA AUTORI | syz (Yes or No)l 20 | R IF YES WEDE | FINDINGS CONSIDERED |
| ERTIFIC | 19A. DATE OF O | WAS PERF | | WHICH OPERATION | A C | IN | CERTIFYING CAL | USES OF DEATH? |
| CER | 21 A. ACCIDENT | WAS UNDERLYING | 218 | PLACE OF INJURY (e.g., i | n or obout 21 C. W | HERE DID | (If in Boltimore | City, give exact location) |
| | OR CONTRIBUTE | NO CALICE OF | hom etc. | e, form, foctory, street, o | ffice bldg., INJUR | Y OCCUR? | | |
| DIC | | Month) (Doy) (Year) | | INJURY OCCURRED | 21F M | OW DID INJURY | OCCUR? | |
| MED | OF INJURY | violitii (Doy) (1eon | | ile At Not Whi | | OW DID MOOK! | - 500 K. | |
| | (APPROX) | | Wo | rk | | | | |
| | 22. I certify th | not M (this hospital) | ottended t | he deceosed from | 3-2 | 19 6 | 70 to | 7-311966 |
| | that H (we) la | st sow the decease | d alive on | 3-31 | 19 66 | and that ir | (py) (our) api | nian death occurred on the dot |
| | and hour and | from the couses stat | ed obove. | (We) (did) (did not) | view the body o | ofter deoth. | | |
| | 23A. SIGNATURE | | - 1 | THE BY | | | | 23B. DATE SIGNED |
| | Le | ennich ? | - Me | M.D. Att | ending /s. | Med. Stoff Director Phys | . B | 3-31-66 |
| | 23C. PHYSICIAN' | S | | | 23D. ADDRESS | | -1/ | '. 1 |
| | NAME (Typ | KENNETH | E. L | NOTT M.D. | 1 lina | versity | Horas | tal |
| 24. | A. BURIAL CREM | ATION, 24B. DATE | 24C. N | AME of CEMETERY OF CR | EMATORY | 24D. LOCA | TION A ICH | ty town or county) (Stote) |
| | REMOVAL (Sp | (1/2/LI | 2 70s | t. Nalso | m | 11. | 1. CD1 | enly her |
| 1 | A, DATE REC'D B | Y HEALTH DEPT. | DER NAME | OF REGISTRAR | | AL DIRECTOR | 1.0 | ADDRESS |
| 23 | A LUI | | | The Grew MAN | | 0. 0. N | 26 | 1304 n. Centra |
| 1/5 | APR S | 4 1968 O. O. | M.C. C | 12000 E 1015 | prep | ay will | and he | |
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BALTIMORE CITY HEALTH DEPARTMENT

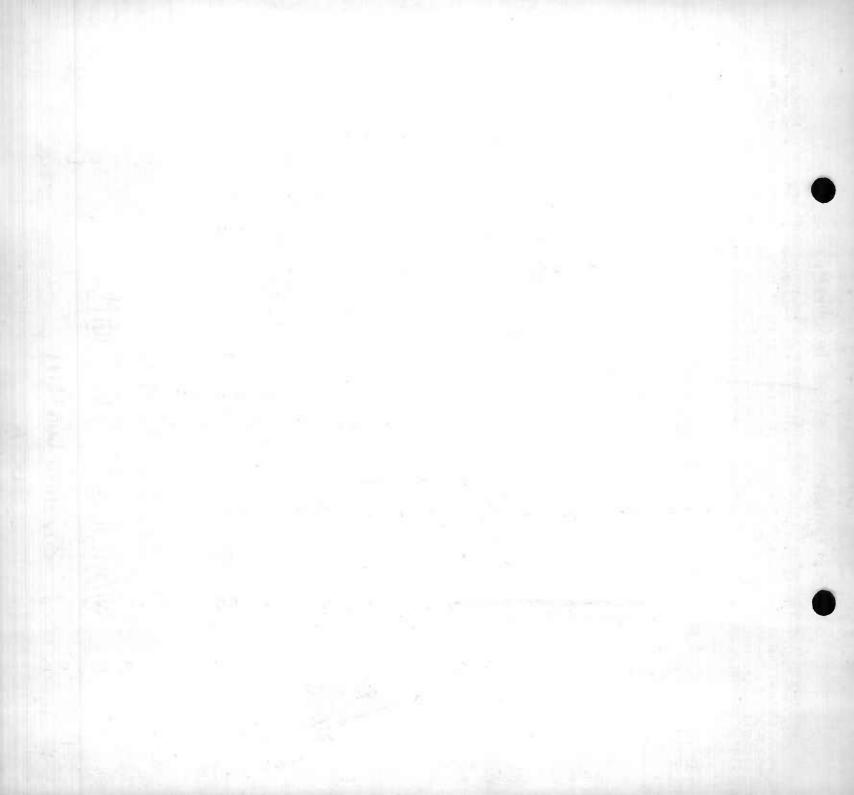
| | 00 000 | | HEALTH DEPARTMENT | | 0200 |
|----------|--|--|------------------------------|------------------------------------|--|
| BIRT | н NO. 66 11332 | CERTIFICA | TE OF DEATH | Registered No | 66 113322 |
| | . CASE NO. AME OF DECEASED | | 2. DATE A | ND HOUR OF DEAT | H3 - / |
| | e or Print) WIII I I AM | H. HO65 | EN | 4/3/66 | 4 30/A. |
| 3. P | LACE OF DEATH IN BALTIMORE, MARYLAND | | | | institution: residence before odmission) |
| | IIII MAAAF OR | At an area of the second | 170 | | |
| 1 | ULL NAME OF (If not in hospital or instituted of the state of the stat | lion, give street | C. CITY OF TOWN | TATED | e RURAL ond give township) |
| 2 | THE JOHNS HOPKINS HOS | SPITAL | FLORIDA | | V 08 |
| 1 | SO1 N BROADWAY 21205 | | D. STREET ADDRESS | f rurol, give location) | |
| | | | 125 DIXWOOD |) AVENUE | |
| 5. S | | OWED DIVORCED (specify) | 8. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr., If Under 24 Hrs. |
| | MALE WHITE | MARRIED (specify) | 10/7/98 | 67 | |
| | USUAL OCCUPATION (Give kind of work 108-KIN | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for | reign country) | 12. CITIZEN OF WHAT COUNTRY |
| don | during post of working life, even if retired) | Da CA OUDOR | Contucke | 1. | W SZ |
| 13. | FATHERS NAME | The Court of | 14. MOTHER'S MAIDEN N | AME | |
| | | | | 7 | |
| | JAMES HOGSTEN | | ELLA ENS | OR //el | |
| Yes | Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of serv | 1 6, SOCIAL SECURITY NO. | 17. INFORMANT | 1100 | ADDRESS |
| | | | Mrs. Vearl | Hogsler | C (support |
| | 18. 5 9 3 X I | CAUSE O | F DEATH | 0 | INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY | 11 | | | 7 |
| | LEADING TO DEATH | (A) HY! | ERTENSIVE | | : 4 4RS. |
| | (This does not mean the mode of dying, heart failure, osthenia, etc. It means the dis | | CARDIOVASCU | LAR DISEA | LSE ' |
| | injury or complication which caused death.) | H | IDED TENSU | 201 | ? 5urs. |
| | ANTECEDENT CAUSES | DUE TO | | | |
| | DISEASES OR CONDITIONS, if ony, g | iving 211 | NILATERAL RE | HAL NICE | DOF 2 |
| | rise to the obove cause (A) stating UNDERLYING CONDITION lost. | ine (C) | THE KILL | 011- 0130 | 1.37 |
| | 11 | The state of the s | | | |
| Z | OTHER SIGNIFICANT CONDITIONS CONTRIB | UTING | | | 2 |
| ATIO | TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | HKTER10 | SCLEROSIS | | |
| CERTIFIC | 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED | FOR WHICH OPERATION | 20 A. AUTO SY? (Yes or | No. 208. IF YES, WER | E FINDINGS CONSIDERED AUSES OF DEATH? |
| ERTI | 0 | | NO | | |
| | 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 218. PLACE OF INJURY (e.g., in | fice bldg., INJURY OCCUR? | (tf in Boltim | ore City, give exoct locotion) |
| CAL | DEATH (notify medical examiner) | etc.) | | | |
| _ | 21D. TIME (Month) (Doy) (Year) (Hour) | 21E. INJURY OCCURRED | 21F, HOW DID IN | JURY OCCUR? | |
| 2 | OF INJURY (APPROX.) | While At Not While Work At Work | e | | |
| | 22 1 (1) (1) (1) | | 2/10 | 10 / /- | 113 10/1 |
| | 22. I certify that (I) (this hospital) attend | 412 | 3/19 | 19 66 10 | 4/3 1966. |
| | that (I) (we) last saw the deceased alive | | | | pinian death accurred an the date |
| | and haur and fram the causes stated aba | ve. (I) (We) (did) (did nat) v | iew the bady after death | • | |
| | 23A. SIGNATURE | 646. | | | 23B. DATE SIGNED |
| | UI.a. Wen | M.D. Atte | s. Med. Director | Phys. | 4/3/66 |
| | 23C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESTHE JOHN | S HOPKINS | HOSPITAL |
| | M. A. DENNIS | M.D. | 601 N BROADW | AY 21205 | |
| 24A | BURIAL CREMATION, 248. DATE / . 2 | 4C. NAME of CEMETERY or CR | MATORY , A 24D. | | City, town or county) (Stote) |
| 1 | BEMOVAL (Specify) | Jenson Men | 4// | Langer | and 1000). |
| 25.4 | DATE REC'D BY HEALTH DEET JOSE AN | Achoe CI -II | 7 | and a | ADDRESS A |
| ZSA | 1 1 0 0 0 | ME OF REGISTRAR | 25C. FUNERAL DIRECTO | 11. 111016 | of and for Marie |
| | APR 4 1955 07 Laulo-C | 1 Something | Wipull | 11016 | amora o va |
| VS | 150-REV. 1/1/65 | | U | | |



IMPORTAN

DIRECTOR:

FUNERAL



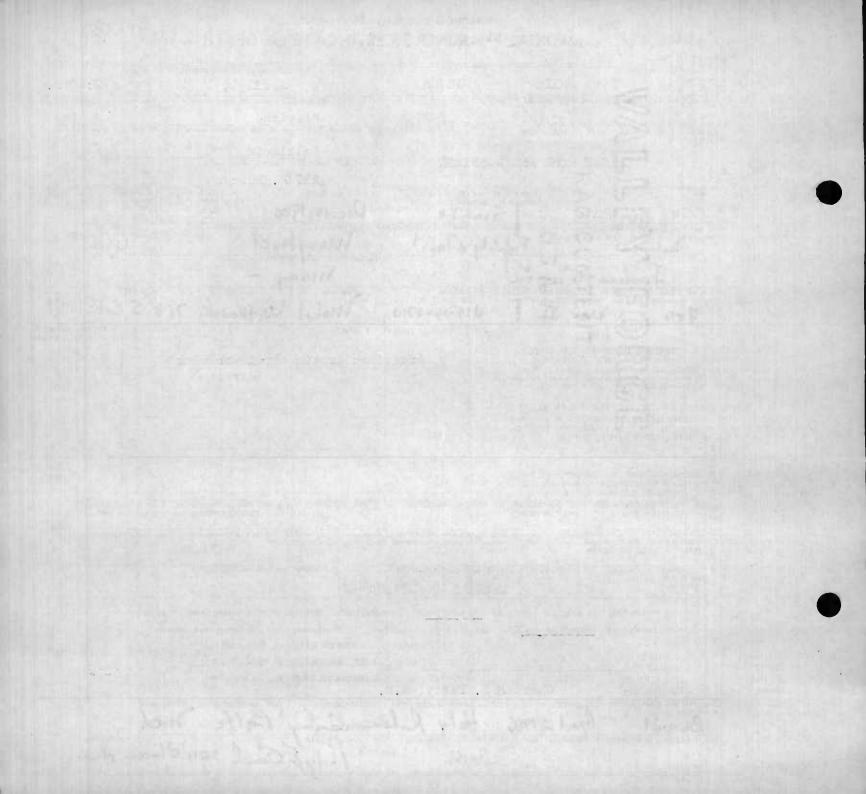
IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

| S. SEX O. RACE IN BATTMORE MARTIAND, WHERE PROMOUNCED DEAD O. HOSPITAL OR INSTITUTION, GIVE STREET MOSPITAL OR INSTITUTION, GIVE STREET MOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) O. STREET ADDRESS III wild, give location in the state of the street wild of the street address of the stre | ίŤy | NAME OF DECEASED | EMILE | | GRIGER | | | 2. DATE AND | HOUR PRONOUN 1, 1966 | | | D P. M. |
|--|------|---|---|--|-------------------|---------------|------------------|--------------------------------|------------------------------------|------------------|---------------|----------------------------|
| CHURCH HOME AND HOSPITAL CALCULATION (Investing the season) 2.17 N. Duncan CAC (In years in Lucker) CAUSE OF DEATH INTERVAL SET (In years in Lucker) CAC (In years) | 3. | PLACE IN BALTIMORE, A | ARYLAND, WH | ERE PRONO | JNCED DEAD | 4 | . USUAL RESIDEN | | ceosed lived. II in | stitution: res | | 1930 |
| CHURCH HOME AND HOSPITAL D. STREET ADDRESS (If word, give locoson) 217 N. Duncan 217 N. Duncan D. Age (In yeous Months) (In yeous Months) (In the Control of State of Stat | HHC | SPITAL OR ADD | OT IN HOSPITAI | L OR INSTITUTION) | JTION, GIVE S | TREET | CITY OR TOW | N (If outside | corporate limits, wr | ite RURAL | and give tow | nship) |
| S. SEX 6. RACE Mile Mi | | CHUF | RCH HOME | AND HO | SPITAL | C | STREET ADDRE | SS (If rurol, gi | | 0-0 | | |
| done during most of working life, even if relired) 1. | 5. 1 | | | WIDO WED, | DIVORCED (spe | | DATE OF BIRTH | | 9. AGE (In years lost birthdoy) | | Doys Ho | nder 24 His. urs , Min. |
| Tiswas Decays of Evering U.S. Abbred Forces? 16.50CIAL 17.INFORMANT 17.IN | don | le during most of working life, | | Fideli | + BUSINESS OR | , t. | Max | pland | country) | 12. CITIZ WH. | TEN OF COUNTR | Υ? |
| Yes, no or unknown) (if yes, give wor or doles of service) SECURITY NO. Test Sec | | Fisiclone | 100 | | 11/ 505141 | | Ma | | | ADDRES | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head folium, osthenia, etc. it means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED V 21A. EXTERNAL CAUSE WAS UNDERLYING COR CONTRIBUTING CONTRIBUTION WAS PERFORMED V 21A. EXTERNAL CAUSE WAS UNDERLYING COR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION COURSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? OF INJURY (APPROX.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE OF INJURY OCCUR? OF INJURY (APPROX.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE OF INJURY OCCUR? OF INJURY (APPROX.) ACCIDENT AND WHILE AT NOT WHILE OF INJURY OCCUR? OF INJURY (APPROX.) ACCIDENT AND WHILE AT NOT WHILE OF INJURY OCCUR? OF INJURY (APPROX.) ACCIDENT AND WHILE AT NOT WHILE OF INJURY OCCUR? OF INJURY (APPROX.) ACCIDENT AND WHILE AT NOT WHILE OF INJURY OCCUR? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OTHER OF INJURY OCCUR? OTHER SIGNIFICANT CONTRIBUTING TO THE OTHER OF INJURY OCCUR? OTHER SIGNIFICANT CONTRIBUTING TO TH | | s, no orunknown) (If yes, g | ive wor or dotes | | SECURITY I | NO. | 1001 | With | Lowsk, 7/ | | | 57. |
| OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS PERFORMED 21A. EXTERNAL CAUSE WAS PERFORMED 21B. PLACE OF INJURY 1e.g., in o1 obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? 21C ertify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinian resulted from: Natural causes X Accident Suicide Homicide Undetermined manner | | DISEASE OR COLEADIN (This does not meon heart loilure, ostherio, injury or complication ANTECEN DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON | G TO DEATH the mode of etc. It means which coused de DENT CAUSES DITIONS, IF AN CAUSE (A) STA | dying, e.g., the disease, eath.) | DÚE (B) DÚE | Arterio | | | | | ONSET AN | BETWEEN ND DEATH |
| NO 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg. INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 22. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian resulted from: Natural causes Accident Suicide Homicide Undetermined manner | Ⅱ은 | TO THE DEATH | CONDITIONS CONDITIONS CONDITIONS CAUSING | ATED TO T | NG THE | | 20A. AUTOPSY? | | | | | |
| 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 1 AT WORK 22. I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinian resulted from: Natural causes X Accident Suicide Homicide Undetermined manner | CALC | 21 A. EXTERNAL CAUSE UNDERLYING OR CON | WAS | 21B. | PLACE OF INJ | URY le.g., in | or obout 21C. Wi | HERE DID (If | | | | |
| I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner | ME | 21D TIME (Month) OF INJURY | (Doy) (Year) | \ | WHILE AT | NOT WE | IILE C | W DID INJUR | Y O CCUR? | | | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. CHIEF MEDICAL EXAMINER DATE SIGNE 4-1-66 | | ACTUAL SIGNATURE EXAMINER'S | Natural cause | ses X A | Accident D | Suicide [| CHIEF ME | e Un DICAL EXA DICAL EXA | determined man MINER | | DATE | |



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TO BEST

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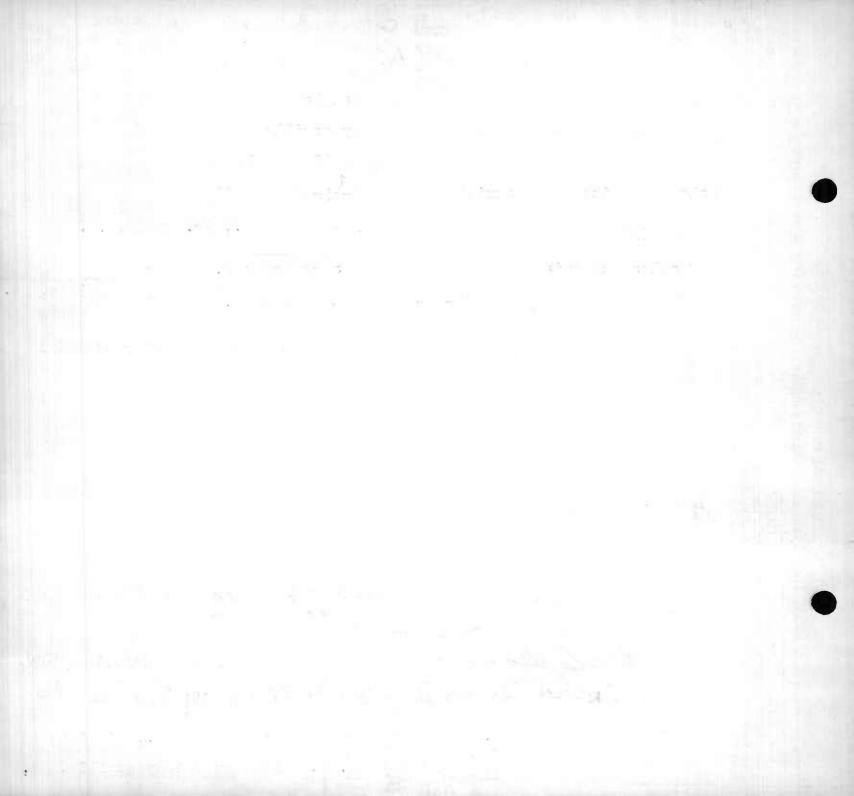
ENTER SHEET FRENCH SEE

| | | 000 | BALTIMORE CITY | HEALTH DEPARTMEN | IT | |
|---------------------|---|-----------------|--|--------------------------|-------------------------------|--|
| BIRTH NO. | 66 11 | 3328 | CERTIFICA | TE OF DEAT | H Registered No. | |
| M.E. CASE NO. | | | | I2 DAT | E AND HOUR OF DEATH | 6 H2 32 |
| Type or Print) | | | | | | 1 10-15 P. |
| Ph | illips, Grace | | | - 1 | /29/66 | IV. |
| PLACE OF E | DEATH IN BALTIMORE, MA | RYLAND | | A. STATE B. C | Where deceased lived. If it | nstitution: residence before admission |
| | 0.5 (1/ | | | Maryland | Baltimore | |
| HOSPITAL O | | or institution, | give street | | If outside city limits, write | PILEAL and give township) |
| INSTITUTION | | | | | | Sold give lowinship |
| 10 | Saint Agnes H | ospital | | Baltimore | | 0007 |
| 0 | Caton & Wilke | ns Ave | | D. STREET ADDRESS | (If rural, give location) | |
| | | | 21229 | 252 Medw | ick Garth(East |) #28 |
| SEX | 6. RACE | 7. MARRIED | , NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. II Under 24 Hrs |
| - | | | D, DIVORCED (specify) | 1/31/87 | tost birthdoyl | Months Doys Hours Min. |
| F. | W | | rried | -121 | 19 | |
| | CUPATION (Give kind of work of working life, even if refired) | 108 KIND O | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote of | r loreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | | | | Dalta Ma | | |
| House | | | | Balto. Md. | NAAA | |
| FATHER'S N | AME | | | 14. MOTHER'S MAIDEN | NAME | |
| Lowin | T. Tracy | | | Georgia Fow | ler | |
| | sed Ever in U. S. Armed For | res? | 1 6. SOCIAL | 17. INFORMANT | 1701 | ADDRESS |
| as, no or unkno | wn) (If yes, give wor or dote | s of service) | SECURITY NO. | | edwick Garth # | |
| No | | | | Mr. James H. | | Catonsville Md. |
| 18. , / / | / 2 V I | | CAUSE O | | | INTERVAL BETWEEN |
| 4- | 101 | | | A | Page 1 | ONSET AND DEATH |
| DISE | ASE OR CONDITION DIR | ECILY | lin. | to Nonce | Total | × . |
| (This door | | distant and | (A) ACC | ((C. Congres | teve tacler | L. |
| | s not mean the made af ie, asthenia, etc. It means | | | | | |
| | amplication which coused | | 2/6.1 | 1 1/6 | to all of | 0 |
| | ANTECEDENT CAUSES | | (B) A 7 A | strong ac | andrange | 1) Depo |
| DISEASES | OR COMPITIONS IS | | DUE TO | Dardid VIS | tenoschrife | re L |
| | OR CONDITIONS, if the above cause (A) | | | | | |
| | NG CONDITION last. | areing in | () | | | |
| | | | | | | |
| | II | ONTRIBLITIA | 10 | | | |
| TO THE | SNIFICANT CONDITIONS C DEATH BUT NOT RELA | TED TO T | HE | | | |
| DISEASE C | OR CONDITION CAUSING I | Т | | | | |
| 19A. DATE | OF OPERATION 198. CON | | WHICH OPERATION | 20 A. AUTOPSY? (Yes | | FINDINGS CONSIDERED AUSES OF DEATH? |
| 0 | *************************************** | O KIVILD | | | | |
| 3 21A. ACCII | DENT WAS UNDERLYING | 21 | B. PLACE OF INJURY (e.g., i | n or obout 21 C. WHERE D | | re City, give exact location) |
| | tily medical examiner | ho | me, form, foctory, street, of | lfice bldg., INJURY OCCU | R? | |
| 2 | my medical examiner | | | | | |
| OF INJURY | (Month) (Doy) (Year) | (Hour) 21 | E. INJURY OCCURRED | 21 F. HOW DIE | NJURY OCCUR? | |
| (APPROX) | | | hile At Not Whil | е | | |
| (/-1/- K-O/e/ | | W | ork At Work | | | |
| 22. I certi | fy that (1) (this hospital |) ottended | the deceased from | 1946 | 19to | 1966 19 |
| that (I) (w | e) lost saw the decease | d alive on | 3/20 | 19 66 0 | nd that in (my) (our) on | inion death occurred on the do |
| | | | | | | |
| and hour | and from the causes stat | ed obove. | (I) (We) (did) (did not) v | iew the body ofter de | oth. | |
| 23A. SIGNA | TURE | 0 | | | | 238. DATE SIGNED |
| 1 | J. Kallen | · ME | M.D. Atte | ending Med. | Stoff | 3/30/66 |
| 1000 1000 | | INI | Phy | | Phy s. | 1 / 50 |
| 23C. PHYSIC NAME | (Type) | | | 23D. ADDRESS | 111 1 | / |
| | Edward S. H | Callins | M.D. | 4300 413 | exy Hts Or | |
| A. BURIAL C | | | IAME of CEMETERY OF CRI | EMATORY 24 | D. LOCATION (C | City, town, or county) (State) |
| REMOVA | | 240.1 | THE OF GENTLERE OF CRE | 24 | tourillett | , or occurry |
| Bur | ial April 2 | , 1966 | Mount Olivet C | em. | Balto, Md. | |
| | D'D BY HEALTH DEPT. | | OF REGISTRAR | 25C. FUNERAL DIRE | CTOR | ADDRESS |
| ADD A | 1000 A) A A | n 7 | 7 | | Balto. M | d. |
| ALII A | T we all out = | E. Ville | acusto - | G. Truman | Schwab 3512 Fre | ederick Ave. |
| S 150-REV. 1/ | 1/65 | | | | | |

1300 Leavey Hr. 61

Ed Tame The

| BIRTH NO. | 66 | H3347 | TE OF DEATH Registered N | 6 |
|----------------------------------|--|--|---|--|
| M.E. CASE NO. | | CERTIFICA | X | |
| 1. NAME OF DI (Type or Print) | | 1 1./ | 2. DATE AND HOUR OF DEAT | |
| | MCTHENSIA | LIAUE W. | 3/29/66 | 11:25 AN |
| 3. PLACE OF D | PEATH IN BALTIMORE, MA | RYLAND | 4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY | institution: residence before admission) |
| FULL NAME | R address or lacotia | or institution, give street | Maryland C. CITY OR TOWN (If autside city limits, wri | te RURAL and give township) |
| D Je | HOS HOPKIUS | HOSPITAL | Sykesville D. STREET ADDRESS (If rural, give location) | 56-00 |
| | | | RD #2 Box 259 A | |
| 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years | If Under 1 Yr. If Under 24 Hrs. |
| Male | White | Married (specify) | 8-13-05 lost birthdoy) | Manths Days Hours Min. |
| | CUPATION (Give kind of work of working lile, even if retired) | 108. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 979 | | | Washington Co., Va. | U.S.A. |
| 3. FATHER'S N | laborer | | 14. MOTHER'S MAIDEN NAME | |
| | | | | |
| Charl | es McThenia | | Nancy XXXXX J. Wid | ner |
| 5. Was Deceas | ed Ever in U. S. Armed For wn) (If yes, give wor or dote | rces? 25 of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| No | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 216-10-6497 | Mrs. Shirley L. McTh | onia RD #2 |
| 1B. 19 | 3.91 | | OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| DISE | ASE OR CONDITION DI | | | 2 110 116 |
| | LEADING TO DEATH | (A) COL | 1081 ASTOMA MULTIFOI | RME 3 NEEKS |
| | nol meon the mode of e, asthenia, etc. Il meons | aying, e.g., DUE 10 | | |
| | omplication which caused | | | |
| | ANTECEDENT CAUSES | (B) | | |
| DISEASES | OR CONDITIONS, if | DUE TO | | |
| | the obove couse (A) | | | |
| | NG CONDITION lost. | ' | haa oo aa a | |
| E TO THE | ONIFICANT CONDITIONS CONDEATH BUT NOT RELA | ATED TO THE | | |
| U 19A. DATE | OF OPERATION 198, CON | IDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No.) 20B. IF YES WE | RE FINDINGS CONSIDERED |
| 3/28/ | WAS PER | | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WEI | CAUSES OF DEATH? |
| <u> </u> | DENT WAS UNDERLYING | | | nate City, give exact location) |
| OR CONTR | IBUTING CAUSE OF | hame, farm, factory, street, etc.) | office bldg., INJURY OCCUR? | , , |
| U | my medical examinell | Gloor | | |
| OF INJURY | (Month) (Day) (Year) | (Haur) 21E INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| (APPROX) | | While At Not Whi | | |
| | | | 4 | o Warred II |
| | | 1) attended the deceased from | | 9 March 1966 |
| that (4) (w | e) last sow the decease | ed olive on 29 M/MRCh | 19ond that in (max) (our) | opinion deoth occurred on the dot |
| | - P | ted above. 🕏 (We) (did) (d id not) | | |
| 23A. SIGNA | | (36 33376) | Trow the body offer death. | 23B, DATE SIGNED |
| 23/1/3/01/4/ | fis 1 | Danie A MO A | tending Med. Staff | 4 141 |
| | sucolu / | slaves, fr. M.D. At | tending Med. Staff Phys. | March 29, 1916le |
| 23C. PHYSIC | | T | 23D. ADDRESS | - 1/1 |
| NAME | LINCOLN | JEANES JV. M.D. | GOIN, SRIADELAN | RAITIMORO. MA |
| 24A RIIRIAL C | PEMATION 248 DATE | 24C. NAME of CEMETERY OF CE | 001 11 210112011 | City town or country |
| 24A. BURIAL C REMOVAL | REMATION, 24B. DATE | 240. NAME OF CEMETERY OF CH | | (City, town, ar county) (State) |
| Buria | al 4/2/19 | 66 Mt. Olivet Cen | etery Washington | Co., Virginia |
| 25A. DATE REC | D BY HEALTH DEPT. | 258 NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | ADDRESS |
| APR | 4 1966 A P. | The state of the s | C. M., Waltz, Box 241 | Sykesyille Md |
| VS 150-REV. 1/ | - 1000 010 000 | 1 | JOO MONNALOZ DON ZTI | DAVEDATTIE & LICE |
| Va IDU-KEV. / | 1/03 | | | |



IMPORTANT

FUNERAL DIRECTOR:

| BIRTH NO. 66 13330 | CERTIFICA | TE OF DEATH Registered No. | 0 10000 |
|--|--|--|---|
| M.E. CASE NO. | CERTITICA | 2, DATE AND HOUR OF DEATH | 0 (10000 |
| (Type or Print) Helen Bee | denkopt | 30 MARCH 6 | 6 11150 PA |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | | 4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B, COUNTY | stitution: residence before odmission |
| FULL NAME OF (If not in hospital or institut | ion, give street | Maryland | 19-04 |
| HOSPITAL OR oddress or locotion) | | C. CITY OR TOWN (If outside city limits, write | RURAL and give township) |
| USPHS Hospital | | D. STREET ADDRESS (If rural, give location) | |
| Wyman Pk. Or. and | 3151 | 1719 W. Prott 5 | 5+. |
| | NED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 71 | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| 10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired) | OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| HWF OW | n Home | MARYLAND | USA |
| 3. FATHER'S NAME | \ \ \ | 14. MOTHERS MAIDEN NAME | |
| John Edward Li | dord | Mary Martin | |
| 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of servi | 1 6, SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS |
| UNK | 213-48-1688 | Records, USPHS Hos | SP BALTO, MP, |
| 18.331 X L 1260 X | CAUSE O | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, | (A) CV | A-Suspected | 90X2 |
| heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.) | ose, | | 1,005 |
| ANTECEDENT CAUSES | DUE TO | neralized Arterioscherosis | YCARS |
| DISEASES OR CONDITIONS, if any, girise to the above couse (A) stating | | | |
| UNDERLYING CONDITION last. | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBU | TING | chronic | 4 |
| O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | THE DIO betes | mellitus, CHF | VEARS |
| | OR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) | 21B. PLACE OF tNJURY (e.g., in home, form, foctory, street, of etc.) | n or about 21C. WHERE DID (If in Boltimore fice bldg., INJURY OCCUR? | e City, give exoct locotion) |
| 21 D. TIME (Month) (Doy) (Year) (Hour) | 21E. INJURY OCCURRED | 21 F. HOW DID INJURY OCCUR? | |
| (APPROX.) | While At Not Whit At Work | e 📄 | |
| 22. I certify that (1) (this hospital) attend | | JAN 66 19 10 30 | MAR 66 10 |
| that (I) (we) lost saw the deceased alive | | | |
| and hour and from the causes stated obav | | | |
| 23A. SIGNATURE | | | 23B. DATE SIGNED |
| W.G. Care | M.D. Alte | s. Director Phys. | 31MAR66 |
| 23 C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | FG 0 |
| 24A. BURIAL CREMATION. 124B. DATE 124 | SCOTT M.D. | 0 - 1 - 1 - 1 - 1 - 1 - 1 | TO., MD. |
| Birrial CREMATION, 24B. DATE 24 Private 1/2/66 | Pertur la mare | ematory 240. Location (C) | Marsher |
| 25A. DATE REC'D AY HEALTH DERT. 25B. HAI | WE OF REGISTRATE | OSC. FUNERAL DIRECTOR | ADDRESS |
| VS 150-REV, 1/1/65 | | Waller Juneal Home | say 4 stricker |

Gerran Tree # O 0 0 0 IMPORTANT

FUNERAL DIRECTOR:

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission outside city limits, write RURAL and give township) If Under 1 Yr. If Un Months Doys Hours Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mrs. Rose M. Martin, 5720 Highgate Drive ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? III in Baltimare City, give exact location) and that in(my) ((aur) plinion death accurred an the date 23B. DATE SIGNED (City, town, or county) was Lammon 4611 Park Heights Ave. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

man strait By 30 Preparate Born and printereduct their sections of their the bree M. Markley, State Mann New La Frigoroughof Infanction Tush Oragina Granter.

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| BIRTH NO. | 66 MEDI | CAL EX | CAMINER'S CE | | | EATH Registe | ered No. |
|--|--|--|---|-----------------|----------------------|---|---|
| M.E. CASE NO. | | | | | | | |
| 1. NAME OF DEC | | | | | 2. DATE AND | HOUR PRONOUNC | |
| | CARL | н. | WALLMAN | | March | 30, 1966 | 5:30 P M |
| | MORE, MARYLAND, WI | | | A. STATE | aryland | leceosed lived. If ins B. CO | titution: residence before odmission UNTY |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPITA ADDRESS OR LOCA | TION) | JTION, GIVE STREET | | wn (If outside | | e RURAL and give township) |
| 207 E. | Preston Stre | et | | D. STREET ADD | RESS (If rurol, | | eet |
| 5. SEX Male | 6.RACE White | WIDO WED, | NEVER MARRIED DIVORCED(specify) Married | 8. DATE OF BIRT | | 9. AGE (In years lost birthdoy) 67 | If Under 1 Yr. If Under 24 Hr Months Doys Hours Min. |
| | orking life, even if retired) | | BUSINESS OR INDUSTRY | Baltimo | | country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAM | | AGV | ertising | 14. MOTHER'S M | | | |
| | Louis Wa | llman | | | Unkr | nown | |
| 15. WAS DECEASED | EVER IN U.S. ARMED | | 16, SOCIAL | 17. INFORMANT | | | ADDRESS |
| | (If yes, give wor or dote: W # 2 | | 214-26-7345 | Mrs. Bev | erly Wal | llman, 3117 | Woodland Ave. |
| 18. | 2 V | | CAUSE | OF DEATH | | N. S. | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASES C RISE TO THE UNDERLYIN OTHER SIGN TO THE | of meon the mode of osthenio, etc. If meons application which coused of the meons o | the discose, deoth.) S NY, GIVING FATING THE CONTRIBUTION TO THE | Cardio (c) | vascular | Disease | | INDINGS CONSIDERED |
| 0 2 | WAS PERI | FORMED | | Yes | 1 | N CERTIFYING CAU | ISES OF DEATH? Yes |
| 21A, EXTERNAL UNDERLYING UNDERLYING CAUS 21D TIME OF INJURY (APPROX.) | OR CONTRIB- | Hour) 2 | PLACE OF INJURY (e.g., i form, foctory, street, o | 21 F. H | WHERE DID (I | | ive exact location) |
| | ify that I held an Ir | nquiry 🗌 | Inspection Aut | opsy X on | | bosis, death in | |
| result | ed from: Natural cou | uses 🔀 🗡 | Accident Suicide | | | ndetermined monn | ier _ |
| ACTUAL | | acles) | les M.D. | ASSISTANT M | EDICAL EX | | DATE SIGNED 3/31/66 |
| EXAMIN NAME (1 | ER'S | es S. Pe | etty, M.D. | ASSOCIATE M | | | 3/31/00 |
| 23A, BURIAL CREA | | 23 | C. NAME OF CEMETERY OF | CREMATORY | 23 D. LC | CATION (City | y, town, or county) (State) |
| REMOVAL (Specify | | | | | | | |
| Burial | 4/4/66 | The second second second | Baltimore Nat | | etery AL DIRECTOR | Baltimor | |

VS 151-REV. 1/1/65

bolings town her potrant dink ALL-1-198 Pin. Beverde mallem, 3117 Boodling Fore.

An range Tunostan accountries 79/4/4

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was sufficient plant 1561.

| | 66 4333 | 33 | | HEALTH DEPARTM | ENT Projection of N | 66 (13333 |
|-----------------|--|--------------|--|---|--|--|
| M.E. CASE NO. | | | CERTIFICA | TE OF DEA | and the same of th | |
| 1. NAME OF DE | | | | | ATE AND HOUR OF DEA | |
| | | | Narlins | | March 31, 1966 | |
| FULL NAME | OF (If not in hospitat | | | | CE (Where deceased lived. I B. COUNTY | f institution: residence before admission |
| HOSPITAL OR | | | give sileer | C. CITY OR TOWN | (If outside city limits, wri | te RURAL and give township) |
| | | | | | sville, Balto. | County 53 70 |
| House | Of Pines Nurs | ing Home | Belvedere | D. STREET ADDRESS | | |
| 5. SEX | 6. RACE | 7. MARRIED. | NEVER MARRIED | B. DATE OF BIRTH | Olmstead Road 9. AGE (fn years | If Under 1 Yr. If Under 24 Hrs |
| Female | | WIDOWEL | D, DIVORCED (specify) | June 19, 1 | lost birthdoy) | If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min. |
| | White | | vorced BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stot | | 12. CITIZEN OF |
| | f working life, even if retired) | | | | | WHAT COUNTRY? |
| | t Sewer | Mens | Clothing | | own, West Virg | inia |
| 3. FATHER'S NA | | | | 14. MOTHER'S MAIL | | |
| | Sull | ivan Ber | nnett | | Clars Burke | ett |
| 5. Was Decease | d Ever in U. S. Armed For | rces? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | , | | | Mrs. Joyce | Hook, 920 Olms | t.ead Road |
| NO 18. | | | | F DEATH | 110011, 720 022 | INTERVAL BETWEEN |
| DISEA | ASE OR CONDITION DI | RECTLY | ^ | | α | ONSET AND DEATH |
| 0.027 | LEADING TO DEATH | | m | it ast atre | y Ovany | un / Uala |
| | nat mean the made af | | DUE TO | | | |
| | , osthenio, etc. It means implication which coused | | 10. | | 4 0 | |
| | ANTECEDENT CAUSES | | (B) Ca | comma | SI Overing | |
| DISEASES | OR CONDITIONS, if | onv. giving | DUE TO | | 1 | |
| rise lo II | he above cause (A) | | (C) | | <u> </u> | |
| UNDERLYIN | IG CONDITION last. | | | | | |
| E TO THE I | II NIFICANT CONDITIONS CODEATH BUT NOT RELA | ATED TO TH | | | | |
| | F OPERATION 198. CON | | WHICH OPERATION | 20A. ALITOPSY? (Y | es or No) 20B, IF YES, WE | PE EINDINGS CONSIDERED |
| D 4/1 | 5/65 WAS PER | FORMED (| Oney | NE | IN CERTIFYING | CAUSES OF DEATH? |
| OR CONTRIB | ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner | | PLACE OF NJURY (e.g., ine, form, form, form, street, o | n or obout 21C. WHER! ffice bfdg., INJURY OC | E DID (If in Boltin CUR? | nore City, give exact location) |
| OF INJURY | (Month) (Doy) (Year) | (Hour) 21 E | INJURY OCCURRED | 21F. HOW | DID INJURY OCCUR? | |
| (APPROX.) | | Wh | ile At Not Whi | | | |
| 22 1 | y that (1) (this haspita | | | | 19 6 5 ta | 8/3// 1066 |
| | | | Z 2 3 9 | | | |
| | e) last saw the decease | | 9/02/ | | | apinian death accurred an the de |
| | nd fram the causes sta | ted abave. (| l) (We) (did) (did nat) | view the bady after | death. | |
| 23A. SIGNAT | URE | 1) | 2 | | | 23B. DATE SIGNED |
| | Ong | K | Phy | ending Med. Direct | or Phys. | 4/1/60 |
| 23C. PHYSICI | | 1 | | 23D. ADDRESS | | |
| ITA/VIE | Irvin | g R. Lov | vitz, M.D. M.D. | 2500 Eu | taw Place | |
| 4A. BURIAL CR | | 24C. N. | AME of CEMETERY of CR | EMATORY | 24D. LOCATION | (City, town, or county) (State) |
| Buria | - 1. 1.1 | Ede | ge Hill Cemete | ery | Charles Town | , West Virginia |
| | 4 1956 OLGA | | OF REGISTRAL | 25C FUNERAL D | IRECTOR | ADDRESS 1 Park Heights Ave. |
| /S 150-REV. 1/1 | /65 | 1 | | 7 | | |

The same was made and a sum made of the fit The state of the s

FUNERAL DIRECTOR: IMPORTANT

| 4. USUAL RESIDENCE (Who A. STATE B. COUP C. CITY OR TOWN (IF or BA / +, m) | utside city limits, write RUR ORE rurol give locotion) Pel HAM Jo, AGE (In years 1 | Jo:40 A Julion: residence befare odmiss |
|--|--|--|
| 4. USUAL RESIDENCE (Who A. STATE B. COUNTY) C. CITY OR TOWN (If or BA / + m) D. STREET ADDRESS (IF 2887) | pre deceased lived. If institution in the state of the st | NAL and give township) |
| C. CITY OR TOWN (IF or D. STREET ADDRESS (IF | utside city limits, write RUR | NAL and give township) |
| C. CITY OR TOWN (IF or D. STREET ADDRESS (IF | utside city limits, write RUR | NAL and give township) |
| C. CITY OR TOWN (IF OR BA / +; M.) D. STREET ADDRESS (IF | utside city limits, write RUR ORE ruro give locotion) Pel HAM 19, AGE (In yeors 1 | |
| BA 1+i'm D. STREET ADDRESS (IF 2887 | ruro give locotion) Pelham 19. AGE (In years 1 | |
| BA 1+i'm D. STREET ADDRESS (IF 2887 | ruro give locotion) Pelham 19. AGE (In years 1 | |
| D. STREET ADDRESS (IF | rurol give locotion) Pelham 19. AGE (In years 1 | Aug |
| 2887 | Pelham 19. AGE (In years) | HUP |
| 8-4-99 | 9. AGE (in years | I I V C |
| 8-4-99 | | If Under 1 Yr. , If Under 24 I |
| 0-7-43 | lost birthdoyl | Aonths Doys Hours Min |
| 11 DIRTHDLACE COLL for | | 13 CITIZEN OF |
| 11. BIRTHPLACE (Stote of fore | eign country) | 12. CITIZEN OF WHAT COUNTRY? |
| DA/til | no Re Md. | |
| 14. MOTHER'S MAIDEN NA | ME | |
| may | F. No | 11.1 |
| 17. INFORMANT | - 1101 | ADDRESS |
| , | se son 1316 | / |
| | , 30m, 1310 | |
| F DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | | |
| tastatic cavellion | a tollings | 3 6 months |
| unknown primizu | ny site | |
| | | |
| | | |
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| | | 49 |
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| | | |
| D | | 5 years |
| | o) 208. IF YES, WERE FIN | DINGS CONSIDERED |
| NO | IN CERTIFYING CAUSE | S OF DEATH? |
| n or obout 21C. WHERE DID | (If in Boltimore C | ity, give exact location) |
| rice bidg., INJURT OCCUR? | | |
| 21E HOW DID IN | IHPY OCCHP? | |
| e — | | |
| | | |
| 3115 | 1966 10 4 | 1966 |
| 19 66 ond th | hat in ((d)) (our) apinia | on death accurred on the |
| | | |
| The body offer deom. | | 3B, DATE SIGNED |
| ending Med. | | 4/1/66 |
| s. Director | Phys. | 411100 |
| | | |
| 23D. ADDRESS | | |
| | | |
| 23D. ADDRESS | LOCATION (City, | lown, or county) (State |
| 23D. ADDRESS EMATORY 24D. 1 | | |
| 23D. ADDRESS EMATORY 24D. 1 | altimore, Mo | |
| ne | 17. INFORMANT John J. Rees F DEATH ASTATIC CAVELLION UNKNOWN PVIMOUN 20A. AUTOPSY? (Yes or N. NO 1 or obout 21C. WHERE DID 1 fice bldg., INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 19 66 ond the liew the body ofter death. | 14. MOTHER'S MAIDEN NAME MAY E. HE 17. INFORMANT John J. Reese, son, 1316 F DEATH A STATIC CAVELLIOWA TO LUNGS WILLIAM PVIMALY SLE 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE NO or obout 21C. WHERE DID (If in Boltimore Considered bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? |

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OH.

| BIRTH NO. | MEDI | CAL EX | CAMINER'S CI | ERTIFICAT | TE OF | DEATH Registe | ered No | |
|-------------------------------|--|-------------------------|--|---|---|---|--------------------|---|
| M.E. CASE N | 0. | | | | | | | |
| 1. NAME OF (Type ar Print) | DECEASED HERMAN | W. | LLIAM LUCKE | | | 1, 1966 | ED DEAD | 10:00 A |
| 3. PLACE IN I | SALTIMORE, MARYLAND, W | HERE PRONOL | INCED DEAD | 4. USUAL RESID | ENICE / W/have | deceased lived. If ins B. COL | titutian: residenc | |
| FULL NAME OF | OF (IF NOT IN HOSPITA ADDRESS OR LOCA | AL OR INSTITUTION) | JTION, GIVE STREET | C. CITY OR TO | vn (If autsid timore | e carparate limits, write | e RURAL and g | give tawnship) |
| Union | n Memorial Hosp | ital | | D. STREET ADD | RESS (If rurol, | give lacation) eld Avenue | 7.0 | 00 |
| 5. SEX | 6. RACE | | NEVER MARRIED DIVORCED (specify) | 8. DATE OF BIRT | н | 9. AGE (In years last birthday) | | r. If Under 24 Hrs |
| Male | White | | arried | Aug.7, | 1895 | 70 | | |
| | CCUPATION (Give kind of work t of working life, even if retired) | 10B. KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE | Stote ar foreig | gn cauntry) | 12. CITIZEN C | OF OUNTRY? |
| Cable S | Splicer | Beth. | Steel Corp. | Berma | | - | U.S | .A. |
| | unknown | | | | nown | | | |
| | ASED EVER IN U.S. ARMED | | | 17. INFORM ANT | | | ADDRESS | |
| ites, na orunkn | own) (If yes, give war ar dote | s of service) | 3-09-2062 | Myrtle | Ritch | nie Lucke, | wife. | above |
| 18. | COLLX | | CAUSE | OF DEATH | | , | INT | TERVAL BETWEEN |
| DIS | EASE OR CONDITION DI | | | | | | ON | ISET AND DEATH |
| (This do | LEADING TO DEATH es not mean the mode of | dvina e.a. | (A) Asphy | xia | | ••••• | | |
| heart fai | lure, asthenio, etc. It means complication which caused | the disease, death.) | 20110 | | | | 3113 | |
| | ANTECENDENT CAUSE | S | , Hang | ina | | | - | |
| | ES OR CONDITIONS, IF A | NY, GIVING | DUE TO | rng. | • | *************************************** | | *************************************** |
| UNDER | LYING CONDITION LAST. | A IING THE | (6) | | | | -620 | |
| <u>S</u> | 11 | | (C) | *************************************** | | ************ | | |
| P TO TH | SIGNIFICANT CONDITIONS IE DEATH BUT NOT REL E OR CONDITION CAUSING | ATED TO T | NG HE | | | | | |
| 19A. DATE | | DITION FOR | WHICH OPERATION | 20A. AUTOPSY NO | | 20B. IF YES, WERE FI | | |
| ZI A. EXTER | NAL CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., i farm, factory, street, a | n ar abaut 21C. V | HERE DID | (If in Baltimare City, gi | ive exoct lacation | an) |
| E UTING C | AUSE OF DEATH. | etc.) | Garage (home | | _ | eld Avenue | | |
| 21D TIME | | (Hour) 2 | E. INJURY OCCURRED | 21 F. H.C | TENI DIO MC | JRY OCCUR? | | |
| (APPROX.) | 3 31 '6 | 6 P m. V | HILE AT NOT V | ORK H | anged s | elf. | | |
| 22. | certify that I held on In | nquiry 🗌 | Inspection X Aut | opsy one | that an th | is basis, death in m | ny aplnion | |
| re | sulted from: Notural cou | ses A | cciden Suicide | X Homici | de 🗌 🛮 l | Indetermined monne | er 🗌 | |
| | | | 1/_ | CHIEF M | EDICAL EX | AMINER _ | | ATE SIGNED |
| SIGN | ATURE (ha | eles) | Culy M.D. | ASSISTANT M | EDICAL EX | AMINER X | | ATE SIGNED |
| EXA | MINER'S | S. Pet | ty, M.D. | ASSOCIATE M | | | 4 | /1/66 |
| 23A, BURIAL REMOVAL (Sp | CREMATION. 238 DATE | | C. NAME of CEMETERY of | CREMATORY | 23D. L | OCATION (City, | , town, or count | y) (State) |
| Bur | | F | Parkwood Cer | netery | Ва | altimore, | Md. | |
| 24A. DATE RE | C'D BY HEALTH DEPT. | | OF REGISTRAR | SCD 1 | AL DIRECTOR | Funeral H | ome ADD | RESS |
| APK | 4 1956 08.0. | 1.8.3 | Enley MM | 3 | 331 Br | ehms Lane | : | |
| VS 151-REV. 1 | /1/65 | | | | | | | |

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a hospital and

| 66 | 1 } | 3336 |
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BALTIMORE CITY HEALTH DEPARTMENT

| BIRTH NO. | | (1300) | CERTIFICA | ATE OF DEAT | H Registered N | 0.66 (13336 |
|---------------|---|-----------------------|-----------------------------|-----------------------------------|------------------------------|---|
| | DECEASED | | | 2. DA | TE AND HOUR OF DEAT | гн |
| Type or Print | " Tillie I | OSS | | | 3/31 | 3:50PM |
| . PLACE O | F DEATH IN BALTIMORE, MA | RYLAND | | 4. USUAL RESIDENCE A. STATE B. | (Where deceased lived, I | f institution; residence before admission |
| FILL NA | ME OF All to be about | * 4'4- 4* | | | | 5-1)2 |
| HOSPITAL | | or institution, | HOSPITAL | MARYLAND | IIf outside city limits, wri | te RURAL and give township) |
| INSIIIUII | | | HOSPITAL | BALTIMOR | | 4 |
| 3 | 601 N. BROA | | | D. STREET ADDRESS | (If rural, give location) | |
| | BALTIMORE, | MD 212 | 205 | 1702 N. | COLLINGTON | AVE |
| S S EX | 6. RACE | | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. , If Under 24 Hrs |
| F | W | MARRI | D, DIVORCED (specify) | 5-29-97 | lost birthdoyl | Months Doys Hours Min. |
| | OCCUPATION (Give kind of work | | | | | 12. CITIZEN OF |
| one during m | iast of working life, even if retired) | | | | | WHAT COUNTRY? |
| 2 CATHERS | NAME | | | 14. MOTHER'S MAIDER | J N A A A E | |
| ZAL | BOLOTNA | | | | | |
| | 8x8k8xkx, Jos | | | | S, ANNIE | |
| es, no or un | eased Ever in U. S. Armed For known) (If yes, give war ar date | ces? s of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | | | | Nada Ryder | ,dght.5720 | Moravia Rd., 6 |
| 18. | 2 2 1 VI | | CAUSE | OF DEATH | | INTERVAL BETWEEN |
| D | ISEASE OR CONDITION DIE | RECTLY | | | | ONSET AND DEATH |
| | LEADING TO DEATH | | (A) | Gastro-inte | stinal blee | ding 5 days |
| | oes not meon the mode of | | DUE TO | | | |
| | rilure, osthenio, etc. It meons or complication which coused | | | C&kebro-vas | cular accid | lent 10 days |
| | ANTECEDENT CAUSES | | (B) | | | |
| DISEAS | ES OR CONDITIONS, if | onv. aivina | DUE TO | Pneumonia a | nd sensis | 8 days |
| rise to | he obove couse (A) | | IC) | FIIEUMONITA a | nd Schara | o dayo |
| UNDER | LYING CONDITION lost. | | | | | |
| - | - 11 | | | | | |
| TO TH | SIGNIFICANT CONDITIONS C | TED TO TH | | | | - A - A - A - A - A - A - A - A - A - A |
| DISEAS | E OR CONDITION CAUSING I TE OF OPERATION 198. CON | | WHICH OPERATION | 120 A. ATITOPSY2 IYes | or No. 208 IE VES WEI | RE FINDINGS CONSIDERED |
| 19A.DA | WAS PER | | WHICH OFEKATION | NO | IN CERTIFYING | CAUSES OF DEATH? |
| 21 A. AC | CIDENT WAS UNDERLYING | 7 216 | PLACE OF INITIRY I e. c. | in or about 21 C. WHERE C | OLD (If in Boltin | note City, give exact location) |
| OR CON | TRIBUTING CAUSE OF | hon | ne, form, foctory, street, | office bldg., INJURY OCC | J R? | and any, give exact localism |
|) | (notify medical examine) | | | | | |
| OF INJU | | | . INJURY OCCURRED | | D INJURY OCCUR? | |
| (APPROX | () | We | nile At At Work | ile | | |
| 22. I ce | ertify that (1) (this/hospital | attended t | he deceased from | 3/23 | 19 66 ta | 3/31 1966 |
| | (last saw the decease | | _ / | 19 66 a | | pinian death accurred an the da |
| | • • | | 11 111 | , | | priman dearn accorred an the ad |
| 23A. SIG | ur and fram the causes star | rea abave. (| 1) Yake) (qiq) (quay both | ylew the bady after de | eath. | loop DAYS SIGNISS |
| 234.310 | lan 5 | 710 | M.D. A | tending Med. | Stoff - | 3/31/66 |
| | ~ | | Ph Ph | ys. Director | Stoff Phys. | 3/31/00 |
| 23C. PHY | (SICIAN'S ME (Type) | | | 23D. ADDRESS N. E | roadway | |
| | Ian M. Shenl | 2: | M.D | | Balto., Md. | |
| 4A. BURIAL | CREMATION, 248. DATE | 24C. N | AME of CEMETERY OF C | | | City town, or county) State) |
| | val (Specify) rial 4/4/60 | 6 Ho | ly Trinity | | Baltimore | |
| | REC'D BY HEALTH DEPT. | | OF REGISTRAR | | | |
| ΔΙ | DR A 1866 A | 20 | 7 0 | Schimunek | Funeral H | ome, Inc. |
| 711 | 1 = 1500 UE.V | 4 7 2 | Star Very H.A. | 3331 B | rehms Lane | |
| S 150-REV. | 1/1/65 | | | | | |

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| | | -001 | ~4 | BALTIMORE CITY | HEALTI | DEPARTMENT | C | 8 022 | 27 |
|---------|---|---|----------------|---|--------------------------|---------------------------------|--|----------------------|-------------------------------------|
| | H NO. | 66 0333 | 1 | CERTIFICA | TE C | F DEATH | Registered No | 0 000 | 007 |
| 1. N | AME OF DECEM | ASED | | | | 2. DATE A | ND HOUR OF DEAT | Н | |
| , | | Sadie Br | | | | Apr | il 1, 1966 | | 8:40 P |
| F | ULL NAME OF IOSPITAL OR INSTITUTION | (If not in hospital address or location Provident F 1514 Divisi | or institution | al | A. STAT | aryland or town (If o | ere deceased lived. If NTY utside city limits, write frurol, give lacation) | 18 | -02 |
| 1 | | Baltimore, | | | | N. Carey | 170 | | |
| 5. SI | Female | Negro | 7. MARRIE | D, NEVER MARRIED (ED, DIVORCED (specify) | | OF BIRTH -24-18 9 1 | 9. AGE (In years lost bighday) | If Under Manths D | 1 Yr. If Under 24 Days Hours Mir |
| 10A. | | | | OF BUSINESS OR INDUSTRY | | | | 12. CITIZE | N OF |
| | | orking lite, even if retired) | | | | | ,, | WHA: | T COUNTRY? |
| | | | | | | rginia | | U | S.A. |
| 13. F | ATHERS NAM | | | | 14. MO | HERS MAIDEN NA | ME | | |
| | | | | | | | , | | |
| | | ver in U. S. Armed Far If yes, give war or date | | 1 6. SOCIAL SECURITY NO. | 17. INFO | RMANT | | , | ADDRESS |
| | 18. 260 DISEASE | OR CONDITION DIR | RECTLY | CAUSE O | F DEATH | 1 | | | TERVAL BETWEEN |
| CATION | OTHER SIGNIFI | CONDITIONS, if obave couse (A) CONDITION lost. | Slating the | NG (C) A e | S.C.1 | AUTOPSY? (Yes or N | la) 208. IF YES, WER | | 100 |
| ERTIFIC | O | WAS PERI | | WHICH OFERATION | 20%. | AUTOFST: (Tes of 1) | IN CERTIFYING | AUSES OF DI | EATH? |
| U | OR CONTRIBUT | WAS UNDERLYING DING CAUSE OF nedical examiner | h | 18. PLACE OF INJURY (e.g., i ame, farm, foctary, street, a tc.) | n ar abau ffice bldg. | 21C. WHERE DID INJURY OCCUR? | (If in Baltim | nate City, give | exact lacation) |
| NE NE | 21D. TIME OF INJURY (APPROX.) | Month) (Doy) (Year) | \ | TE, INJURY OCCURRED While At Not While At Wark | e | 21F. HOW DID IN | JURY OCCUR? | | |
| _ | that (I) (we) I | ost saw the decease from the causes state | d olive or | (1) (We) (did) (did not) (M.D. Att. Phy | riew the | body ofter death. | hat in (my) (aur) o | 238, DATE | occurred on the |
| | NAME (Typ | 1. Rigaud | | M.D. | 15 | 514 Divisi | on Street | | |
| 1 | 3Uria | 1 4-5- | 66 M | A Cubin | ~ | 13 | acton | (City, Jown, ar | |
| 25A | APR | 4 1366 QL | 258. NAM | of REGISTRAR | 25C. | Warne Directo | winght | 27008 | Inols |
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT

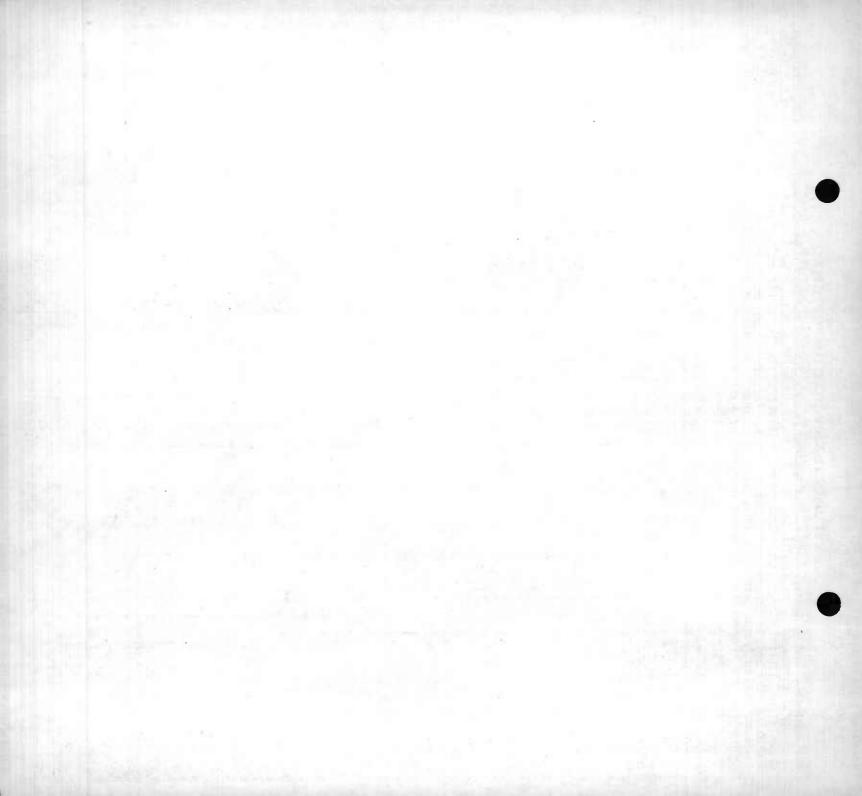
FUNERAL DIRECTOR:

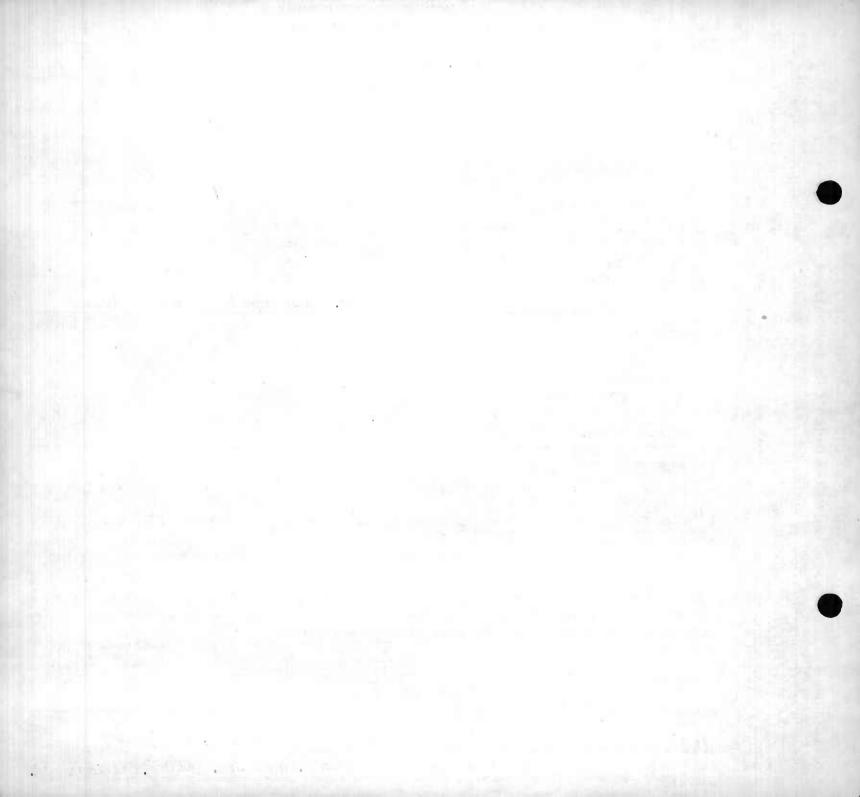
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

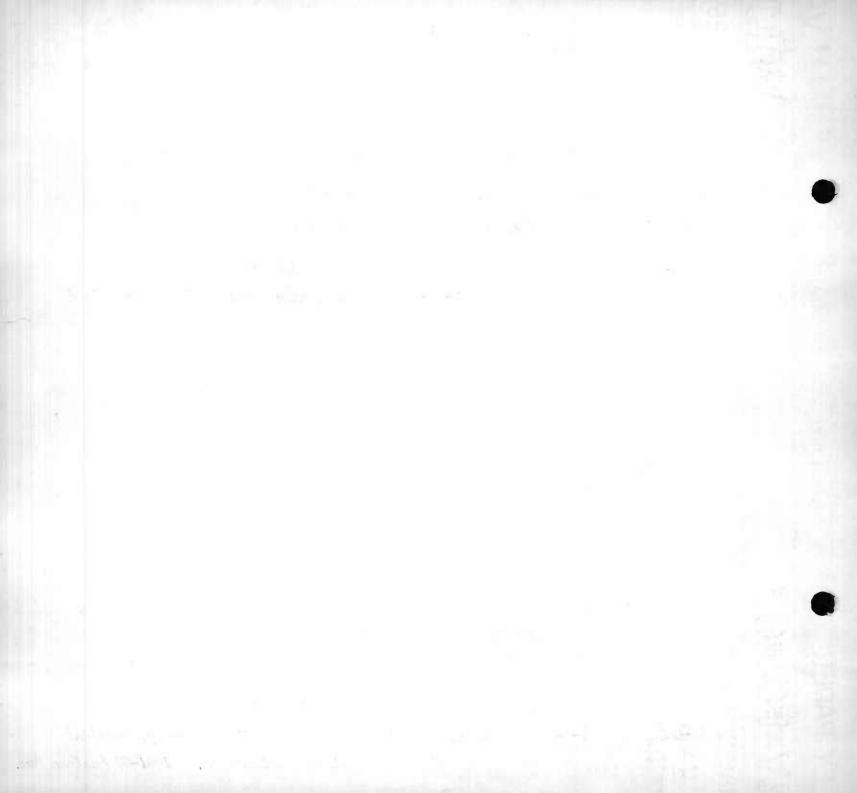
If Under 24 Hrs. Hours Min.

ONSET AND DEATH





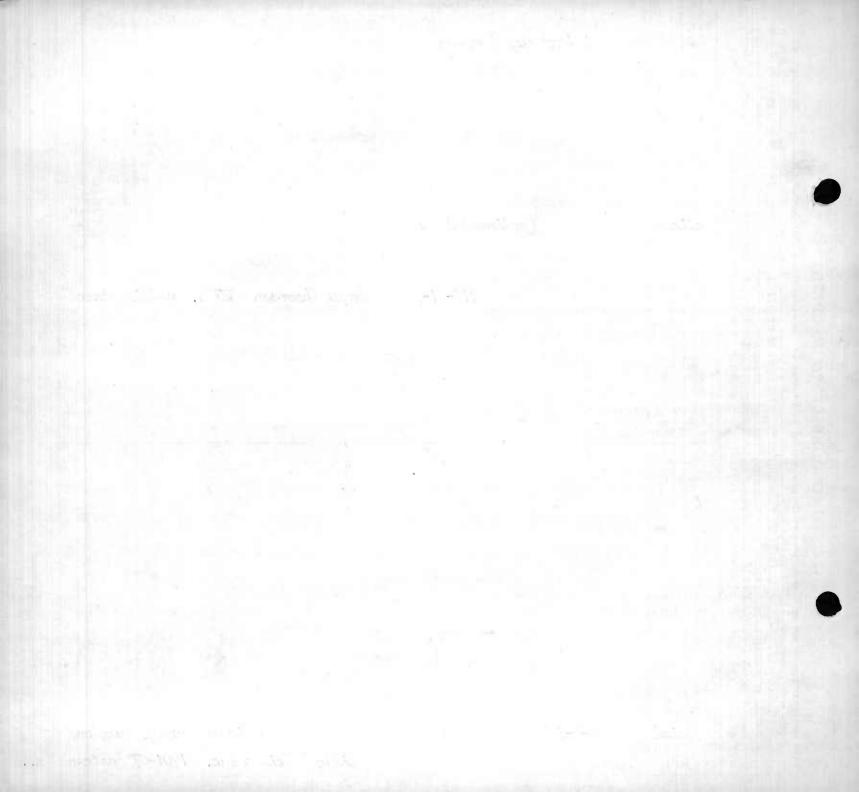
BALTIMORE CITY HEALTH DEPARTMENT



Such

| | BALTIMORE CITY | *************************************** | | |
|--|--|--|--|---|
| IRTH NO. 66 1334 | CLIVIIIICA | TE OF DEATH | Registered No. | 5 113342 |
| NAME OF DECEASED WILLOW | Ray Thompson | 2. DATE AN | NO HOUR OF CEATH | |
| Typo of Print Willard Ray | thompsoh | | 1-66 | 4 10 A |
| PLACE OF DEATH IN BALTIMORE, MAI | RYLAND | 4. USUAL RESIDENCE (Whe | ere decoosed lived. If in | stitution: residence before admissio |
| FULL NAME OF (If not in hospital of HOSPITAL OR oddiess or location | or institution, give sheet | C. CITY OR TOWN (If ou | stside city fimits, write F | RURAL ond give township) |
| Maryland General | 1+ospital | Baltimore | | |
| The state of the s | | | widing ST. | |
| SEX 6. RACE | 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) | B. DATE OF BIRTH 9-25-8-6 | 9. AGE (In years lost birthdoy) | If Under 1 Yı. If Under 24 Hı Months Ooys Hours Min. |
| DA. USUAL OCCUPATION (Give kind of work age during most of working life, even if refired) | | 11. BIRTHPLACE (State or fore | tign country) | 12. CITIZEN OF WHAT COUNTRY? |
| FATHER'S NAME | 0 | 14. MOTHER'S MAIDEN NA | ME | |
| William Thompson | | Susie H | arrison | |
| . Was Oeceased Ever in U. S. Armed Fore | s of sorvice) SECURITY NO. | 17. INFORMANT | | ADDRESS |
| No | 215-01-7799 | Hazel Thompson | . 327 S. Bou | ldin Street |
| 18. 42211 | CAUSE O | F DEATH | | INTERVAL BETWEEN ONSET AND CEATH |
| DISEASE OR CONDITION DIR | ECTLY | erebrovascul | 1 T 11 | |
| CLADING TO DEATH | 141 (| Lobro Vascul | ar Insultion | 9624 1 17 |
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| (This does not mean the made of heart failure, asthenia, etc. It means | the disease, | | | |
| heart failure, asthenia, etc. It means injury ar camplication which coused | the disease, | | | |
| heart failure, asthenia, etc. It means injury at camplication which coused ANTECEDENT CAUSES | the disease, deoth.) (B) DUE TO | exescleratio Co | | |
| heart failure, asthenia, etc. It means injury ar camplication which coused | the disease, death.) (B) DUE TO | | | |
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| heart failure, asthenia, etc. It means injury ar camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION WAS PERFORM WAS PERFORM WAS PERFORM WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinar) 21. A. A. C. C. DENT WAS UNDERLYING CAUSE OF DEATH (notify medical examinar) 22. I certify that (I) (this hospital) | the discose, deoth.) any, giving stating the (C) ONTRIBUTING (C) ONTRIB | argery bleed in 20A. AUTOPSY? (Yes or N. n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW OID IN. | 20B. IF YES, WERE IN CERTIFYING CAL | FINDINGS CONSIDERED USES OF DEATH? City, give exact location) |
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| heart failure, asthenia, etc. It means injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a see to the abave cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSE OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 17 19A.DATE OF OPERATION WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical axomination) 210. TIME (Month) (Ooy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last sow the decease and hour and from the causes stated. | ontributing for the form of the discose, deoth.) ONTRIBUTING for the form of the fore of the form of | 20A. AUTOPSY? (Yes or North Color) 20A. AUTOPSY? (Yes or North Color) 21F. HOW OID IN. 21F. HOW OID IN. 21F. HOW Offer deoth. 21F. How offer deoth. | 20B. IF YES, WERE IN CERTIFYING CAL | Disease GECUS FINDINGS CONSIDERED JSES OF DEATH? City, give exact location) 19 6.6. nion death occurred on the day 238, DATE SIGNED |
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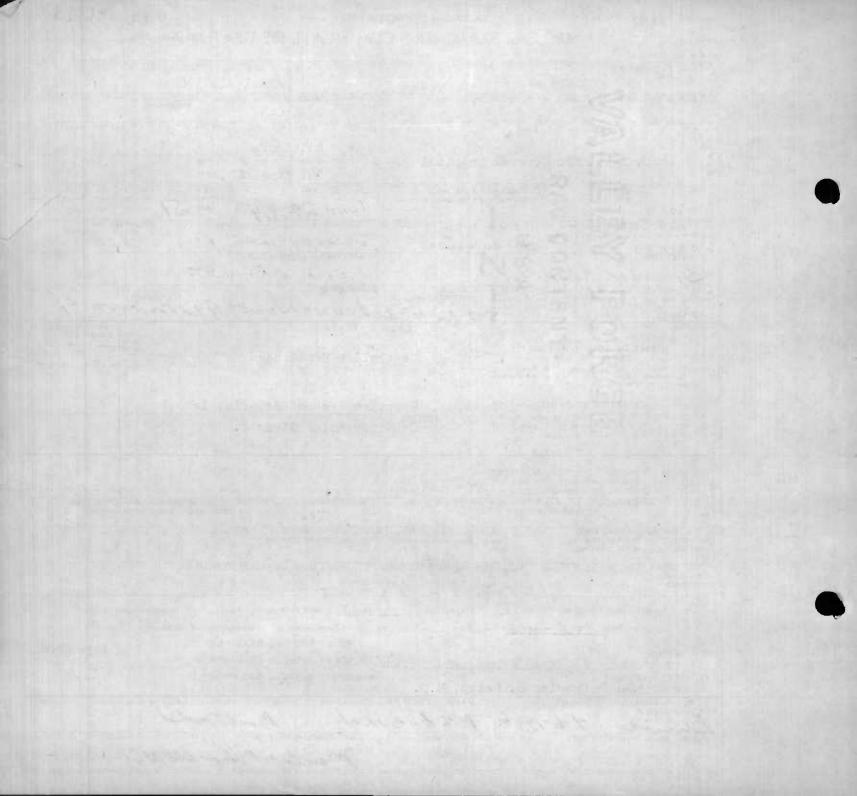
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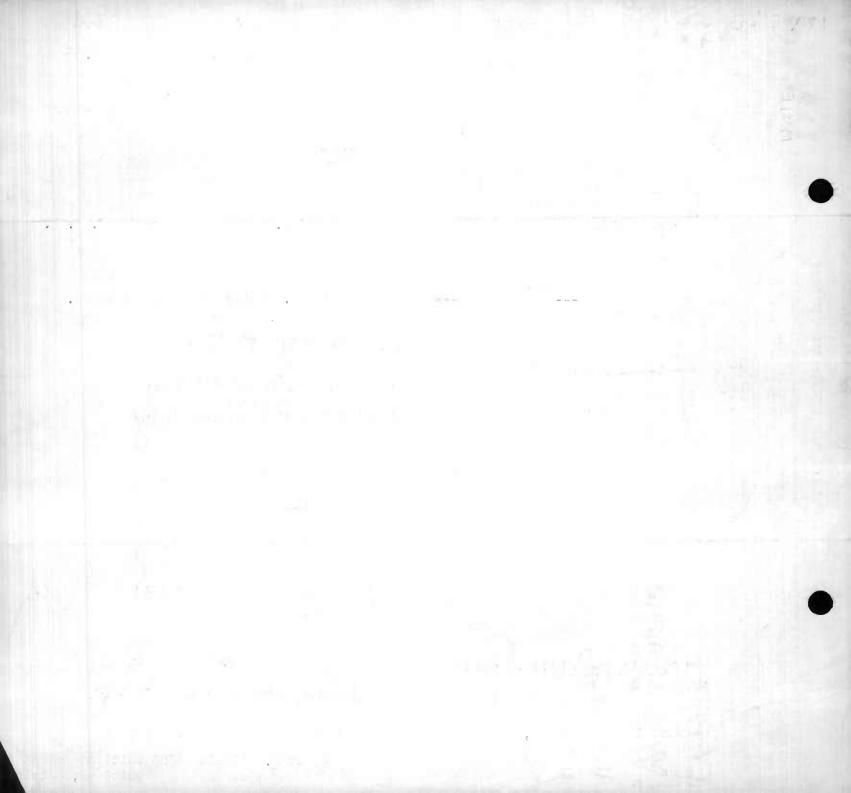
| MEDICAL | FYAMINER'S | CERTIFICATE OF | DEATH Registered No. |
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| MEDICAL | EVAMINALY | CERTIFICATE OF | DEA Kegistered No. |

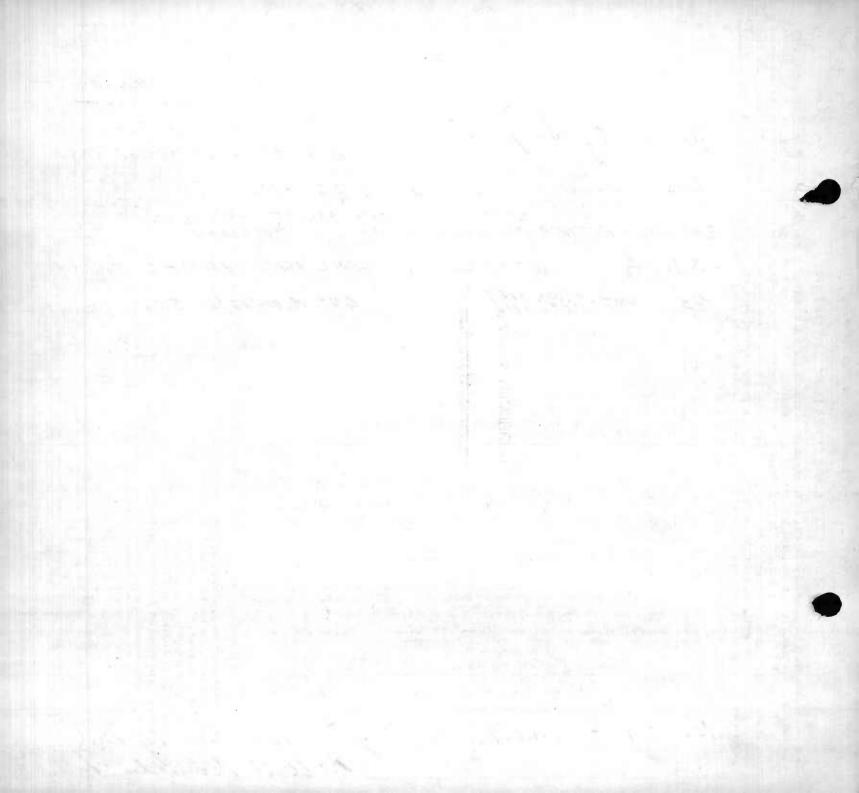
| | | 711201 | CAL LA | AMIII TERO C | LKIIIICAI | L OI DEATH | |
|---------------------|---|--|--|---|---------------------|--|--|
| | CASE NO. | | | | | TO DATE AND HOUR BROWGINGED | D.F.A.D. |
| (Тур | AME OF DECEASED | OLIVER | A. | JONES | | April 1, 1966 | 2:05 A |
| 3. PL | ACE IN BALTIMORE | MARYLAND, W | HERE PRONOU | NCED DEAD | 4. USUAL RESID | ENCE (Where deceased lived, If institution B. COUNTY | on: residence before admission) |
| FULU HOS INST | NAME OF (IF PITAL OR AD | NOT IN HOSPITA DRESS OR LOCA | L OR INSTITUTION) | TION, GIVE STREET | Mai | ryland VN (If outside corporate limits, write RU | |
| 3 | South Bal | Ltimore G | eneral F | lospital | D. STREET ADDE | 1timore RESS (If rurol, give location) 2 BennettPlace | 0-01 |
| 5. SE | | egro | | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years II | Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min. |
| IOA. done | USUAL OCCUPATION during most of working li | (Give kind of work fe, even if retired) | 10B. KIND OF | | 11. BIRTHPLACE | | CITIZEN OF WHAT COUNTRY? |
| 13. F | ABORER ATHERS NAME | | 9.777 00 | | 14. MOTHER'S M. | AIDEN NAME | |
| | SPENCER | JON | 53 | | VIREIN | IIA EVERETT | |
| | AS DECEASED EVER no or unknown) (If yes, | | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | DDRESS 6/ |
| A | ادر | | 3.3 | 0-12-1132 | Louise | JONES 942 BE | NRETIFI. |
| TIFICATION | (This does not med heart foilure, astheni injury or complicatio | o, etc. If meons in which coused (INDENT CAUSE NOTITIONS, IF A FE CAUSE (A) ST NOTITION LAST. II CONDITIONS BUT NOT REL | dying e.g., the disease, deoth.) S NY, GIVING ATING THE CONTRIBUTIN ATED TO THE iT. DITION FOR W | (A) Cerebour to (B) Hyper SHR HK Cardi | ovascular | nd Arteriosclerotic Disease. | |
| - | A. EXTERNAL CAUS | | | LACE OF INJURY | Yes | | res |
| EDIC | INDERLYING OR CO | NTRIB- | home, | form, foctory, street, c | ffice bldg., INJURY | VHERE DID (If in Boltimore City, give e OCCUR? | 100011011/ |
| | 21D TIME (Month DF INJURY (APPROX.) |) (Doy) (Yeor | | E. INJURY OCCURRED HILE AT NOT AT W | WHILE | OW DID INJURY OCCUR? | |
| | | t I held on I | | Inspection Aug | Homici | d that on this bosis, death in my o de Undetermined manner [EDICAL EXAMINER [| 7 |
| | ACTUAL SIGNATURE_ | Ch | aules) | Vaily M.D. | ASSISTANT MI | EDICAL EXAMINER | DATE SIGNED |
| | EXAMINER'S NAME (Type) | | | tty, M.D. | | EDICAL EXAMINER | 4/1/66 |
| | BURIAL CREMATION OVAL (Specify) | 7-6- | 1966 | THE BUBU | en | Boitomal | vn, or county) (Stote) |
| 24A. | | 33 O Co | | Dig M.A. | Mars. | hars P. Hogo 638N | GILMUT St |
| VS | 151-REV, 1/1/65 | | | E CONTRACTOR OF STREET | | | |



DIRECTOR:

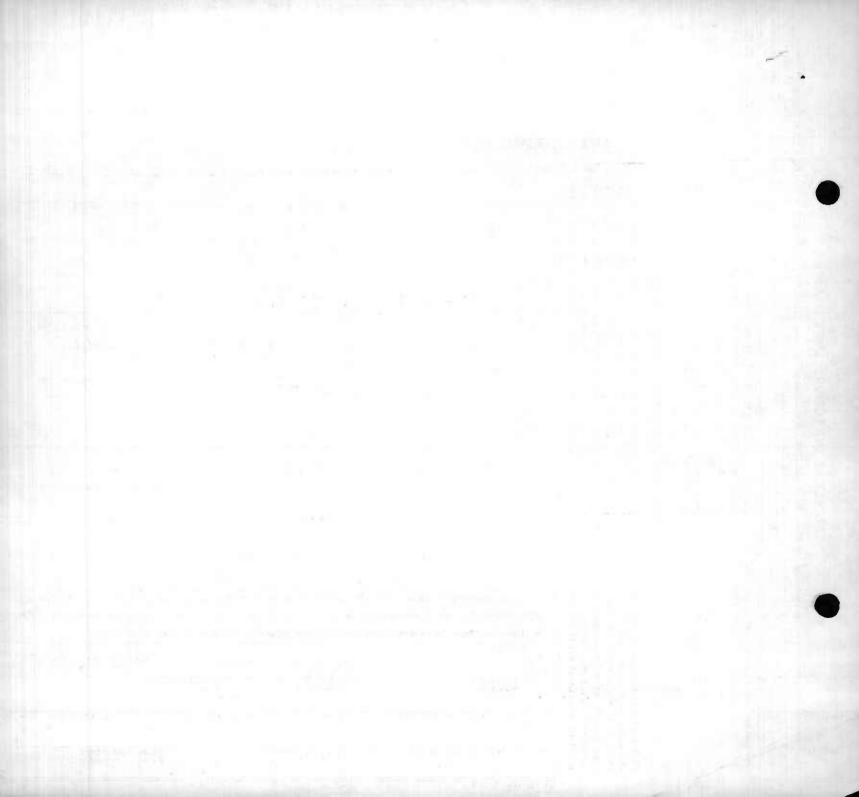
FUNERAL





FUNERAL DIRECTOR:

| BIRTH NO. | 66 | 03346 | | TE OF DEAT | | .66 03346 | |
|--|--|-------------------------|--|--|--|---|--|
| M.E. CASE NO. 1. NAME OF DE (Type or Print) | CEASED | | | 2. DAT | E AND HOUR OF DEAT | | |
| 3. PLACE OF D | SAMUEL I | | _UMPAKD] | MARCH 30, 1966 3 P N | | | |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION | | | | 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission A. STATE B. COUNTY MARY LAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE | | | |
| | 4003 RID | GEWOOD A | VENUE | D. STREET ADDRESS 4003 RIDGE | (If rurol, give locotion) WOOD AVENUE | | |
| MALE | 6. RACE WHITE | WIDOWE | D. DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) 68 | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. | |
| | CUPATION (Give kind of wor of working life, even if retired) | k 108. KIND O | F BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State of | foreign country) | 12. CITIZEN OF WHAT COUNTRY? | |
| | AILOR | CK | THING | POLAND | | USA | |
| 3. FATHER'S NA | | CAS | 7112110 | 14. MOTHER'S MAIDEN | NAME | USA | |
| | GABRIEL BLUM | | | IDA | ? | | |
| 15. Was Deceas | ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot | rces? es of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS | |
| NO | | | 213-03-5714 | MR. AARON G. | BLUM 2908 | GLEN AVENUE | |
| 18. 4/ S | 20,11420 | OX | CAUSE O | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | LEADING TO DEATH does not meen the mode of dying, e.g., OUE TO | | | S. CUD - 0 | Rent M.I. | Sudden. | |
| | e, osthenia, etc. It meons amplication which caused ANTECEDENT CAUSES | l death.) | (B) Á | S.CUD - 0 SCUD, - C | my Joseph | J. 4 years | |
| rise lo | OR CONDITIONS, if the above cause (A) NG CONDITION lost. | | (C) | | | | |
| TO THE | NIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING | ATED TO TH | G Dunh | to Miller | hus | 4 4000. | |
| | OF OPERATION 198. CON | | WHICH OPERATION | 20 A. AUTOPSY? (Yes | IN CERTIFYING C | E FINDINGS CONSIDERED CAUSES OF DEATH? | |
| OR CONTRI | BUTING CAUSE OF | | R. PLACE OF INJURY (e.g., in ne, form, foctory, street, of) | | | ore City, give exact location) | |
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| that (I) (w | fy that (I) (this haspita e) last saw the deceas and from the causes sta | ed alive an | 3-18- | 19.66 an | | 3 / 3 U 19 6 C. pinlan death occurred an the date | |
| 23A. 51GNA | | lun | | ending Med. | Stoff Phys. | MARCH 31, 1966 | |
| 23C.PHYSIC NAME | | . SILVE | | 23D. ADDRESS | GARDEN APTS | | |
| 24A. BURIAL CI REMOVAL BURIA | . 3/31/6 | | AME of CEMETERY OF CRI | EMATORY 24 | ROSEDALE, | (City, town, or county) (State) MARYLAND | |
| | 4 1936 OLC | 46 64 | OF REGISTRAR | SOL LEVINS | | LATA DE POPRESSO TAUM 1 | |
| VS 150-REV. 1/ | 1/65 | | | | | | |



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD BERNARD GOLDBERG March 31, 1966 5:00 P 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) Belvedere Nursing Home 6942 Reisterstown Road 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH lost birthdoy WIDOWED, DIVORCED(specify) Male White Married February 25, 1886 80 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Paper Hanger Proprietor Russia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Goldberg ? Leah

If Under 1 Yr, If Under 24 Hrs. Months, Doys , Hours , Min. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17, INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. No 215-32-7076 5122 Chalgrove Ave. Mrs. Hyman Kaminkow INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease. (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fracture of Skull. DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? MEDICAL 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING E CAUSE OF DEATH. 6942 Reisterstown Road Home 21 D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) A ... WHILE AT NOT WHILE 3 27 66 Fell down stairs. 22. I certify that I held on Inquiry X Inspection Autopsy and that on this basis, death In my opinion Accident X resulted from: Notural couses Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X alle SIGNATURE 4/1/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S

Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY or CREMATORY

(City, town, or county) (Stote)

ADDRESS

REMOVAL (Specify) Burial

Riga Kurlander Verein

Rosedale 24C. FUNERAL DIRECTOR

23 D. LOCATION

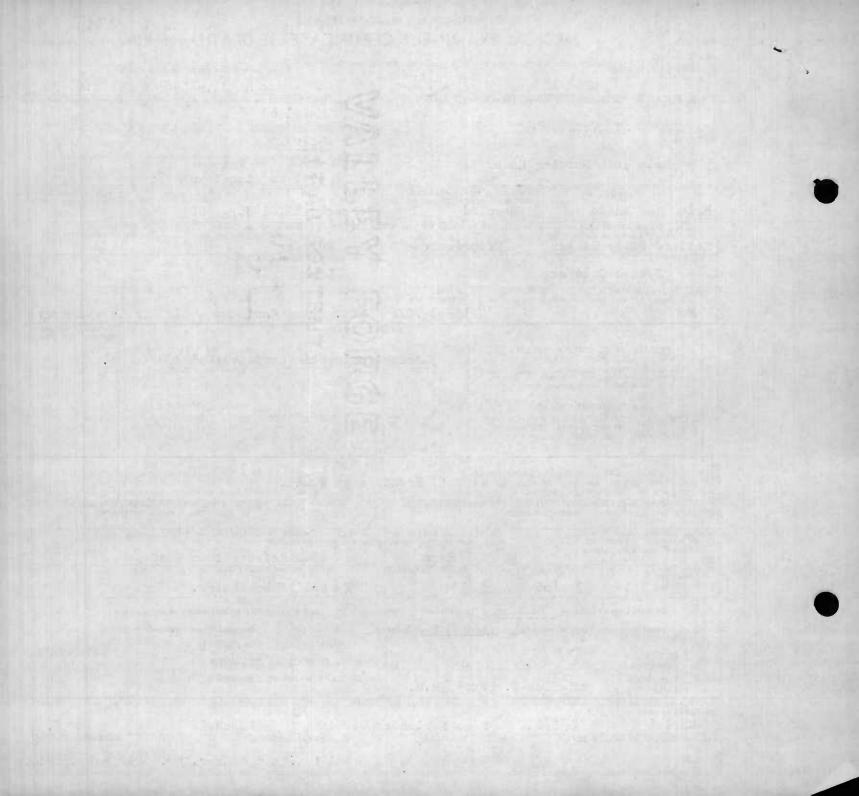
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Rd.

24B, NAME OF REGISTRAR

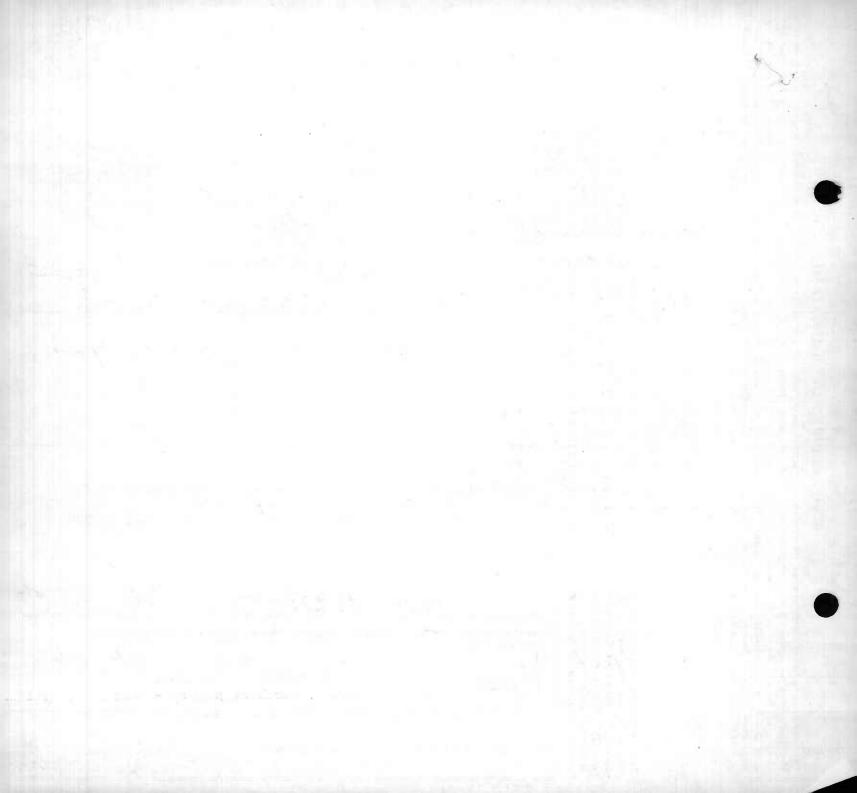
Sol Levinson & Bros. Inc. 6010 Reisterstown

VS 151-REV. 1/1/65



FUNERAL DIRECTOR:

V\$ 150-REV. 1/1/65

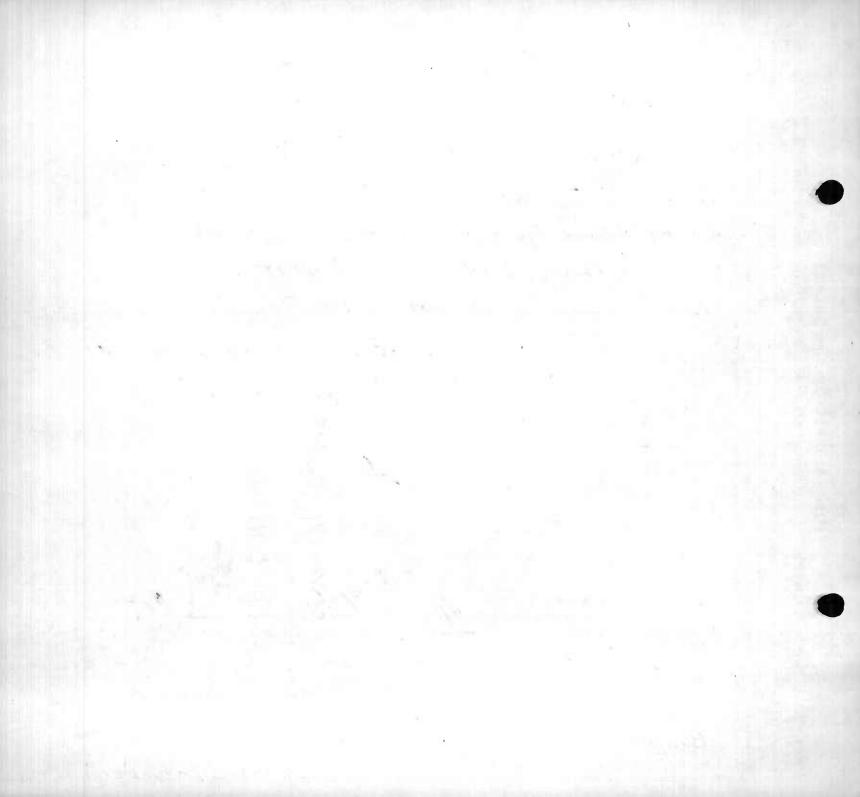


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Intelligence of the second or the second

DIRECTOR:

FUNERAL



Registered No. CERTIFICATE OF DEATH BIRTH NO. cause; (5) Deceased M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) WKIG-h7 HPRIL 2, 1966 5:45 P: M

4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)

A. STATE

B. COUNTY LO nderson death. attendance or contributing cause (If not in hospital or institution, give street address or location) FULL NAME OF HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give township) prior 5206 NORWOOD AVE (4) Undetermined regular mad 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months! Doys deceased WIDOWED, DIVORCED (specify) lost birthdoy) MALE WHITE MA OF done during most of working tite, even if retired) Ξ disposition HOT SPRINGS, W 13. FATHER'S NAME the death 0 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Coronary Occlusion (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, D disease injury or complication which caused death.) Arteriosclerotic cardiovascular ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) No phys 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital DEATH (notify medical examined 21 D. TIME (Mont (Month) (Doy) (Year) (Hour) 21E. INJUN OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except Not While While At Work At Work and MerkkApril April 2. that (1) This last saw the deceased alive an... eath) and hour and from the couses stated above (4) (did) tationally view the bady after death. must 23B. DATE SIGNED O Attending Phys. M.D. Med. approval 0 23C. PHYSICIAN'S 5101 Gwynn Oak Ave. prior 23D. ADDRESS q NAME (Type) Baltimore, Md. 21207 Millard T. Traband, Jr. M.D D.O.A. 24A. BURIAL CREMATION, 24B. of CREMATORY 24D. LOCATION eceased (City, town, or county) REMOVAL (Specify) Ceme SDM

66 4335

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

1 hour

10 years

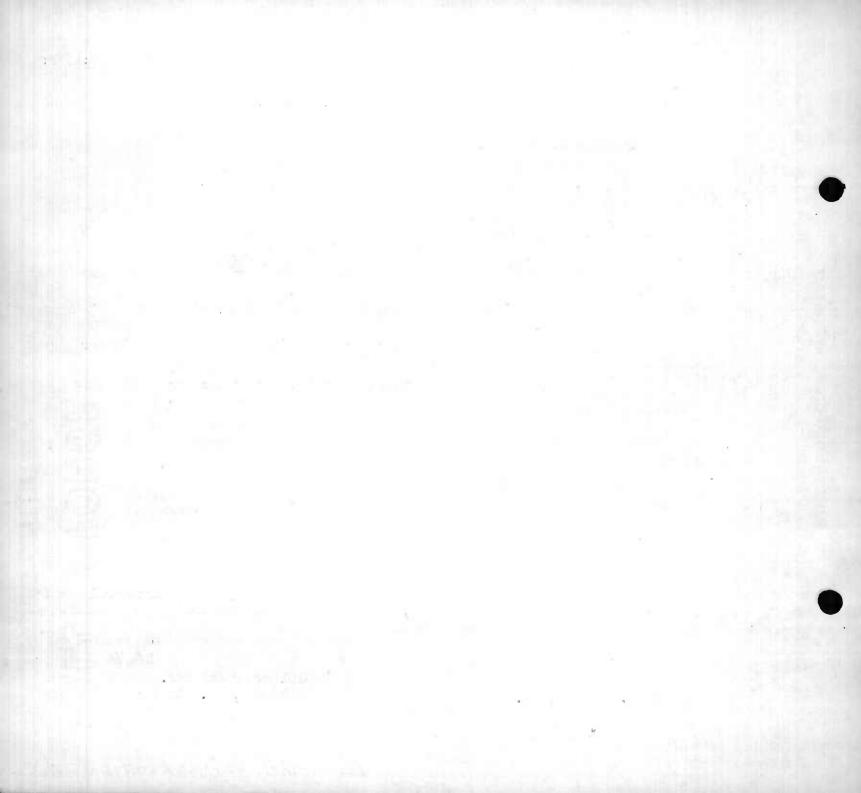
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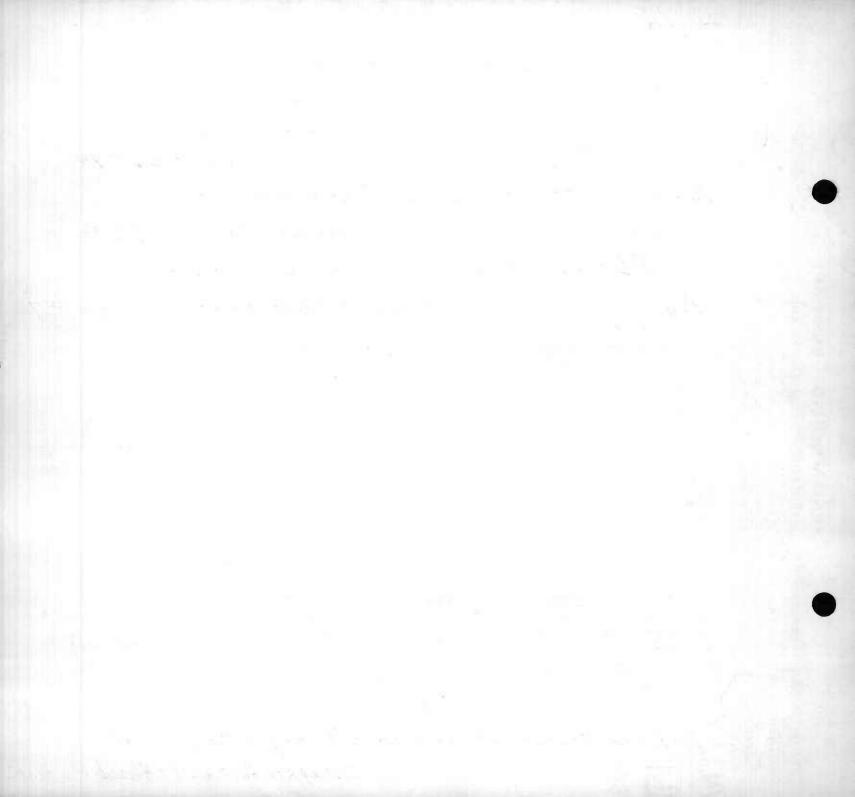
INTERVAL BETWEEN ONSET AND DEATH

IMPORTAN FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



FUNERAL DIRECTOR:



| \$ 130 | ing cause of death cause (5) becased attendance on the rior to Beath. Such | |
|-----------------------------|---|--|
| | if death occurrect or contributed. 4) Undetermined was in regular the deceased proposition is made | |
| IMPORTAN | Also, if the divorce of any kind; (bnounced death attendance on all med or final distant divorce on all med or final distant distant distant divorce on the stant distant | |
| FUNERAL DIRECTOR: IMPORTANT | by the chief medical examiner. pital by a medical examiner. re; (2) Body burns; (3) A fractu where the physician who pro No physician was in regular d before the remains are emba | |
| | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. | |

| M.E. CASE NO. | 66 03353 | CERTIFIC | ATE OF DEAT | H Registered No | . 66 03353 | |
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| | | | 2. DAT | E AND HOUR OF DEAT | Н | |
| Type or Print) | LEVY | LEMONS | 590 | 4-1-66 | 2.20 A | |
| 3. PLACE OF DI | EATH IN BALTIMORE, MA | RYLAND | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis A, STATE B, COUNTY | | | |
| FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) | | | MARYLAND c. CITY OR TOWN | Uf autainta aitu limita uuit | 2 - 0 e RURAL ond give township) | |
| THE | JOHNS HOPKIN | NS HOSPITA | BALTIMORE | | e NONAL ond give lownship | |
| 3 | | | 0. STREET ADDRESS 417 E. 23 | (If turol, give location) RD STREET | | |
| 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr., If Under 24 Months Doys Hours M | |
| MALE | NEGRO | | | 72 | | |
| | f working life, even if retired) | IOB. KIND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (State of | r foreign country) | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NA | ME | | 14. MOTHER'S MAIDEN | NAME | | |
| WERE | LEMONS | | | SPRIGGS | | |
| 15. Wos Decease | d Ever in U. S. Armed For | | 17. INFORMANT | 1 | ADDRESS | |
| ies, no of Unknow | (If yes, give war or date | s of service) SECURITY NO. | Hospi | tal Re | Cord | |
| 18. 47. 7 | 4 X I | CAUSI | OF DEATH | | INTERVAL BETWEEN | |
| DISEA | ASE OF CONDITION DIR | RECTLY | may | 2- | 1200 | |
| (This does | nol meon the mode of | dying, e.g., DUE TO | UTRUKL | | 1 011 | |
| heart foilure | , osthenia, etc. It means | the diseose, | | | | |
| injuly of co | mplication which coused | deom., | | | | |
| | ANTECEDENT CAUSES | | | | | |
| DISEASES | OR CONDITIONS, if | ARY DIVIDO | | | | |
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STROKE /

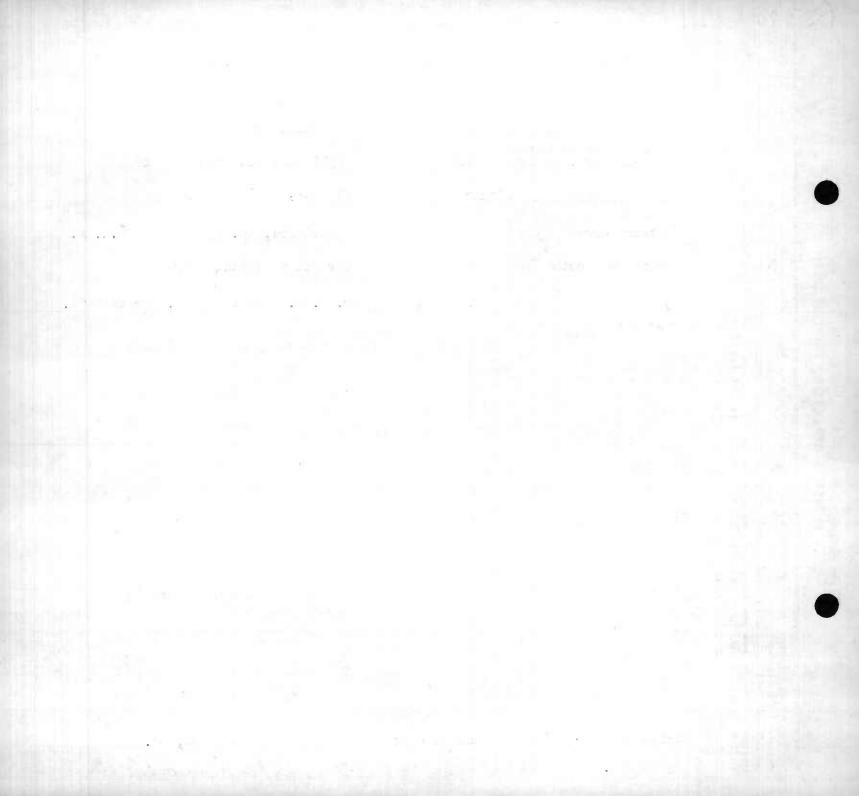
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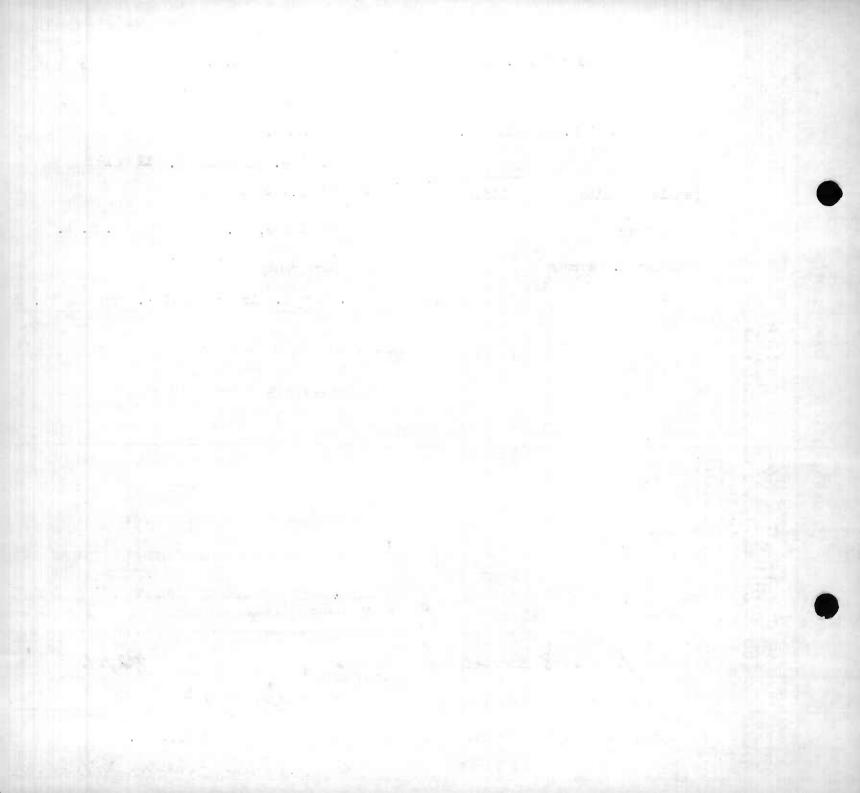
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FUNERAL DIRECTOR:

South Baltimore General 35 Elmer Comer Monte gomer Mante Single 8-24-1841 TH Retired Retired Maryland George Croke Emma

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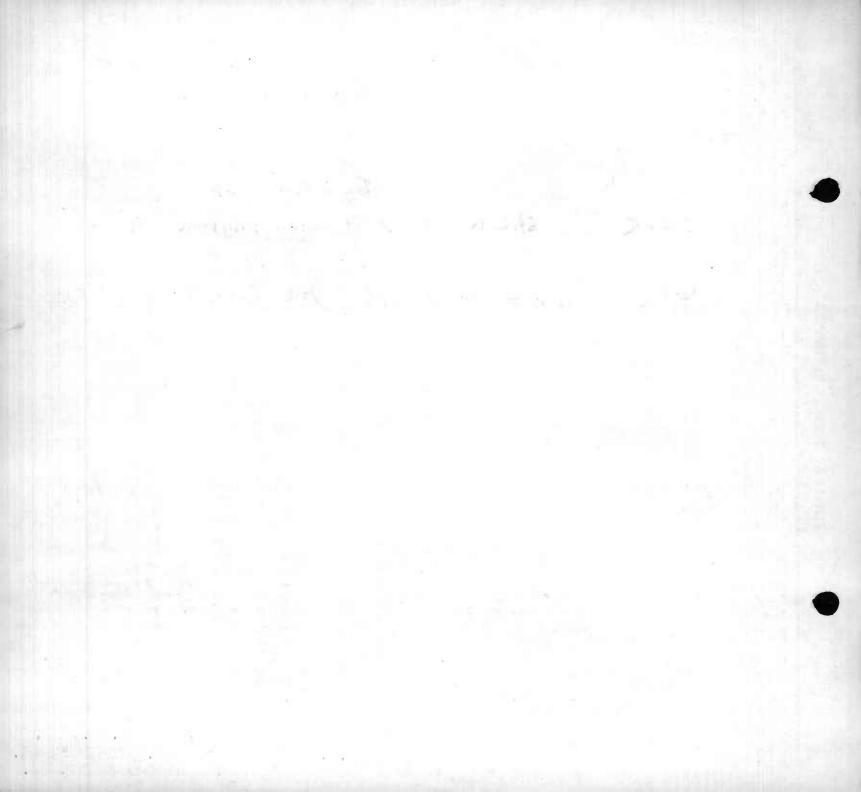
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were dead

Partitions him story Pallmore Marghad 212 K S. Carolina Hora wife 7605 Lawrence Back Sunfuerry

| | BALTIMORE CIT | Y HEALTH DEPARTMENT | V 66 | 02250 |
|--|------------------------------------|-------------------------------|---|------------------------------------|
| BIRTH NO. | CERTIFICA | TE OF DEATH | Registered No.2 | 03333 |
| NAME OF DECEASED / - | 1 - | 2. DATE AN | TO HOUR OF DEATH | 1-0 |
| Type or Print) William H | Ba55 | 4/1 | 11966 | 3:45 AN |
| PLACE OF DEATH IN BALTIMORE, MARYLANI | | 4. USUAL RESIDENCE (When | | tution; residence before admission |
| | | A. STATE B. COUN | 1 n | 2120000 |
| FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) | lution, give street | c chi or town | tside city limits, write RU | RAL ond give township) |
| INSTITUTION | | D 11. | re 12 | 22-17 |
| 7. | (1) (| | rurol, give location | 100 |
| LINION Moman | 10/ 2600 | 128 MM | rdock | Frank |
| SEX 6. RACE / 7. MA | RRIED, NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 Hrs. |
| Ma 1. / Will | DOWED, DIVORCED (specify) | 12/20/75 | Lost birthdoy) | Month's Doys Hours Min. |
| OA, USUAL OCCUPATION (Give kind of work 10 B, K) | ND OF BUSINESS OR INDUSTRY | 11. BIRTHPLAGE Stote or forei | 90 | 12, CITIZEN OF |
| one during most of working life, even if retired) | | n RICHA | 50mg | WHAT COUNTRY? |
| Retired-Agent | - INSURANCE | VIKGING | a | USA |
| 3. FATHERS NAME COSUR | | 14. MOTHER'S MAIDEN NA | ME | |
| 1 . () | 55 | Solly | Bod for | KN |
| . Was Deceased Ever in U. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANT | 16-4 90 | ADDRESS |
| es, no or unknown) (If yes, give wor or dotes of se | rvice) SECURITY NO. | 100 a - (10) | - h 10 | ' |
| No | R16-09-0058 | mrs. Charle | es D. Ba | |
| 18.33/XI | CAUSE | OF DEATH | | ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | | | OVA | n 1 |
| (This does not mean the made of dying, | e.q., DUE TO | | CIA | 3days |
| heart failure, asthenia, etc. It means the di | sease, | | | 9 |
| injury or complication which coused death. | | | | |
| ANTECEDENT CAUSES | DUE TO | | | |
| DISEASES OR CONDITIONS, if ony, | | | | |
| rise to the above couse (A) stating | g the (C) | | *************************************** | |
| | | | | + |
| OTHER SIGNIFICANT CONDITIONS CONTRI | BUTING | | | |
| TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | O THE | | | |
| 19A. DATE OF OPERATION 198. CONDITION | FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No | 208. IF YES, WERE FIR | NDINGS CONSIDERED |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19 19 19 19 19 19 19 19 19 19 19 19 19 | D | MM | IN CERTIFYING CAUS | SES OF DEATH? |
| | 21B. PLACE OF INJURY (e.g., | in or obout 21 C. WHERE DID | (If in Boltimore | City, give exact location) |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | home, form, foctory, street, etc.) | office bldg., INJURY OCCUR? | | |
| D 21D. TIME (Month) (Doy) (Year) (Hou | 21E INJURY OCCURRED | 21F. HOW DID INJ | HBY OCCIIB? | |
| OF INJURY | While At Not Wh | | OKT OCCOK: | |
| (APPROX) | Work At Work | | // | " / " |
| 22. I certify that (1) (this haspital) atter | nded the deceased from | 3/30 | 1966 10 | 4/1 19.6.6 |
| that (1) (we) last saw the deceased aliv | e an 4// | 19 66 and th | at in(my) (aur) aplni | an death accurred an the dat |
| and hour and from the causes stated abo | + ' | | | |
| 23A. SIGNATURE | aver (IV (Me) (ala) (ala lial) | view the body offer deoffi. | 19 | 3B, DATE SIGNED |
| ()- 10 17 | M.D. At | tending Med. | | 11/1// |
| ronald H. | Hall Ph | ys. Director | Stoff Phys. | 4/1/66 |
| 23 C. PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | | |
| DONALD A HALL | M.D | UNION MEMOR | RIAL HOSPIT | AL |
| AA. BURIAL CREMATION, 248. DATE | 24C. NAME of CEMETERY OF CE | REMATORY 24D. L | OCATION (City, | town, or county) (State) |
| ntombment 4/5/1966 | Lorraine Mauso | al oum | odlarm Pa | I timono Co Ma |
| | AME OF REGISTRAR | 2SC. FUNERAL DIRECTOR | | ltimore Co., Md |
| APR 4 1956 00 0 80 | Sale MA | H.W.Jenkins | & Sons Co. | 4905 York Rd. |
| MIN X 1900 CPCON C | 7 | | Balti | more 12, Md. |

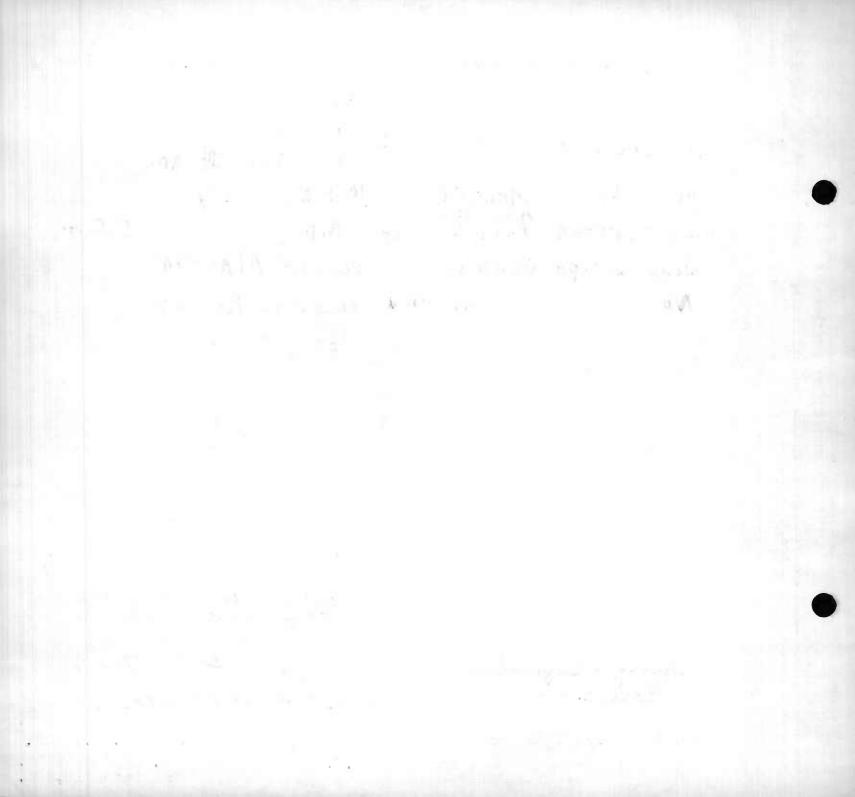
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DIRECTOR:

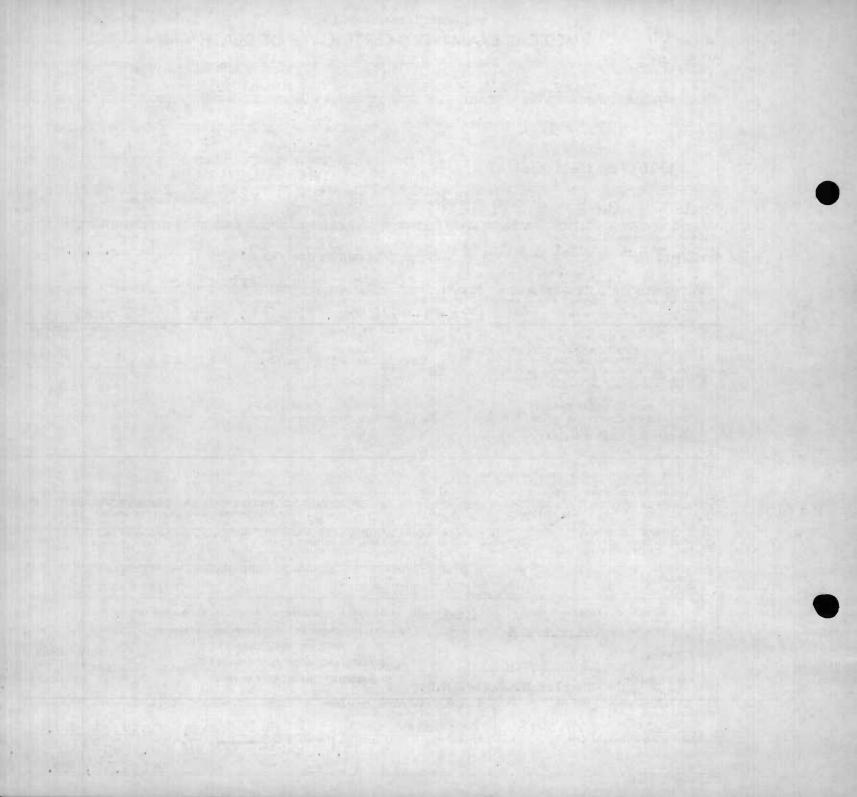
FUNERAL



F-320

| BIRTH NO. 66 | 0336 | MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH Registered No |
|--------------|------|---------|------------|-------------|----|---------------------|
| | | | | | | |

| M.E | CASE NO. | | | | | | | | |
|---|---|---|--|--|---|--|---------------------------------|----------------------------|----------------------|
| 1. P | e or Print) | CEASED | | | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| ,, | | HARRY | EDW | IARD FITCH | | March | 31, 1966 | 3:5 | 55 P M. |
| 3. P | LACE IN BALT | IMORE MARYLAND, | WHERE PRONOU | NCED DEAD | 4. USUAL RESIDE | NCE (Where | deceased lived. If inst | itution: residence b | efore odmission) |
| FU L HO IN S | L NAME OF SPITAL OR TITUTION | (IF NOT IN HOS ADDRESS OR LO | CATION) | TION, GIVE STREET | A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) | | | | |
| | | | | | U | | field Road | | |
| 5. S | EX | 6. RACE | 7. MARRIED, WIDOWED, E | NEVER MARRIED DIVORCED (specify) | B. DATE OF BIRTH | | 9. AGE (In years lost birthdoy) | Months, Doys | |
| | lale | White | Wic | lowed | 2/16/18 | | 88 | | |
| | | UPATION (Give kind of working life, even if retire | | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (S | State or foreign | 1 country) | 12. CITIZEN OF WHAT COU | NTRY? |
| Re | | n-Retired | Auto | Shop | Baltimo: | re. Md | • | U.S. | A . |
| 15. V (Yes | , no or unknown | Fitch D EVER IN U.S. ARM Off yes. give wor or o | AED FORCES? | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | rbourger | ADDRESS | Δ. |
| | No | | | 216-01-0586 | Mrs. E | thel B | . Kerr | (Same |) |
| CERTIFICATION | (This does in head failure, in jury or con in jury | SE OR CONDITION LEADING TO DEA not meen the mode osthenio, etc. If me implication which cous ANTECENDENT CAU OR CONDITIONS, I E ABOVE CAUSE (A) NG CONDITION LAS II NIFICANT CONDITIO DEATH BUT NOT R CONDITION CAUS F OPERATION 198, C WAS | of dying, e.g., ons the discose, ed deoth. JSES F ANY, GIVING STATING THE ST. NS CONTRIBUTIN RELATED TO TH | (B) DUE TO (C) | OF DEATH Oma of Sto | (Yes or No) | 20B. IF YES, WERE FII | ONSET | AL BETWEEN AND DEATH |
| AEDIC | UNDERLYING | L CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy) (| etc.) | PLACE OF INJURY (e.g., in form, foctory, street, o | | HERE DID (OCCUR? | | ve exact location) | |
| | OF INJURY (APPROX.) | (Month) (Doy) (| | HILE AT NOT V | | 010 11430 | RI OCCOR: | | |
| I certify that I held an Inquiry Inspection X Autapsy and that on this basis, de resulted fram: Notural causes X Acciden Suicide Homicide Undetermine CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. ACTUAL SIGNATURE ASSOCIATE MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER X | | | | | | | | er 🗌 | e signed 166 |
| | BURIAL CRE | MATION, 23B. DATE | 230 | C. NAME of CEMETERY o | CREMATORY | 23 D. LC | OCATION (City, | town, or countyl | (Stote) |
| | Burial DATE REC'D | | 1966 | Oak Lawn OF REGISTRAR | H.W.J | Bal Bal Bal Bal Bal Bal Bal Bal Bal Bal | timore Co | | |
| 7/5 | 161 DEV 1/1/ | 4.5 | | | | | B | alto.12, | Ma |



V\$ 150-REV, 1/1/65

a hospital and

| BIRTH NO. | 3362 | | TE OF DEATH | Registered Na. | 36 (13352 |
|--|--------------------------|---|--|--|--|
| M.E. CASE NO. I. NAME OF DECEASED Type or Print) Frederic | | gan | | d HOUR OF DEATH | 111 02 P |
| FULL NAME OF (If not in hospital of | or institution, | give street | A. STATE B. COUN | | stitution: residence before admiss |
| HOSPITAL OR oddress or location Union Memo | | spital | Towson, Md. 2 | | RURAL ond give township) |
| | | | 1621 Jeffe | rs Rd. | |
| . SEX 6. RACE | | NEVER MARRIED D. DIYORCED (specify) Led | | 9. AGE (In years lost birthdoy) 57 | If Under 1 Yr. If Under 24 Months Doys Hours Mi |
| OALUSUAL OCCUPATION (Give kind of work one during most of working life, even if retired) | | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or forei Baltimore, Md | • | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 3. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAM | ME | |
| Albert Arnold | Dugan | | Minnie F | Schiltzber | der |
| 5. Was Deceased Ever in U. S. Armed Fore Yes, no or unknown! (If yes, give wor or date | es? | 16. SOCIAL SECURITY NO. | 17. INFORMANT | 1621 | Jeffers Rd. |
| No | | 218-09-6342 | Robert N. D | ugan Towe | on, Md. 21204 |
| DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meon the mode of heart failure, osthenia, etc. It means | dying, e.g., | | ocardial Infa | rction | minutes |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, if tise to the obove couse (A) UNDERLYING CONDITION lost. | ony, giving | (B) Hype | ertensive care sease with B | lio-vasculi undle Branc | ar 5 years. |
| OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I | ONTRIBUTING TED TO TH | Diaphragi | natic herni | 4 | 7. |
| 19A. DATE OF OPERATION 19B. CON WAS PERF | | WHICH OPERATION | 20A. AUTOPSY? (Yes or No | 208. IF YES, WERE | FINDINGS CONSIDERED USES OF DEATH? |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21 B. hom etc. | e, form, foctory, street, o | n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? | (If in Boltimore | e City, give exact location! |
| 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) | | INJURY OCCURRED ile At Not Whi | | URY OCCUR? | 3,577 |
| 22. I certify that (!) (this hospitol that (!) (Ma) last saw the decease and hour and from the couses stat | d alive an | 7 march | 1966 and the | | nian death occurred an the |
| 23A. SIGNATURE Locks | | | ending Med. | Stoff Phys. | 31 March, 1966 |
| ZEC. PHYSICIAN'S NAME (Typel | | | Cockey's mill K | Road: Reist | ers rown, md |
| J. Dougl | as Lock | ard AME of CEMETERY of CR | EMATORY 24D.L | | ity, town, or countyl (Sto |
| Burial 4-2-66 | | ulaney Valley | 2SC. FUNERAL DIRECTOR | woon, Md. | MARYLAND |
| APR 4 1966 00 | a diam | O. M.B. | | ooks Towson | |

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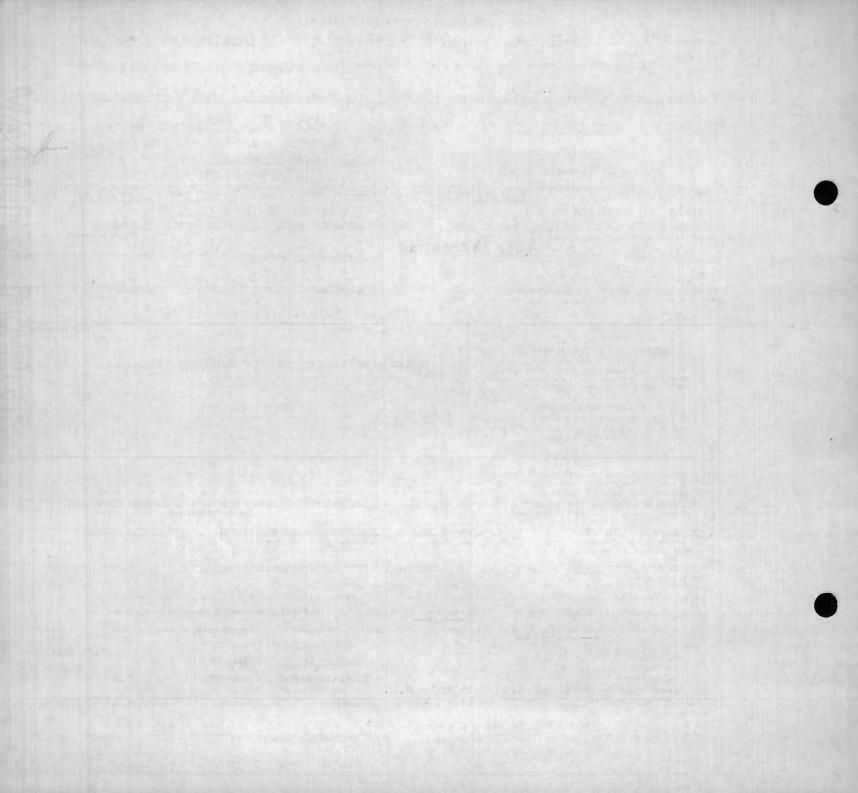
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Albert Armeld Degan | Namele E | | | | | |

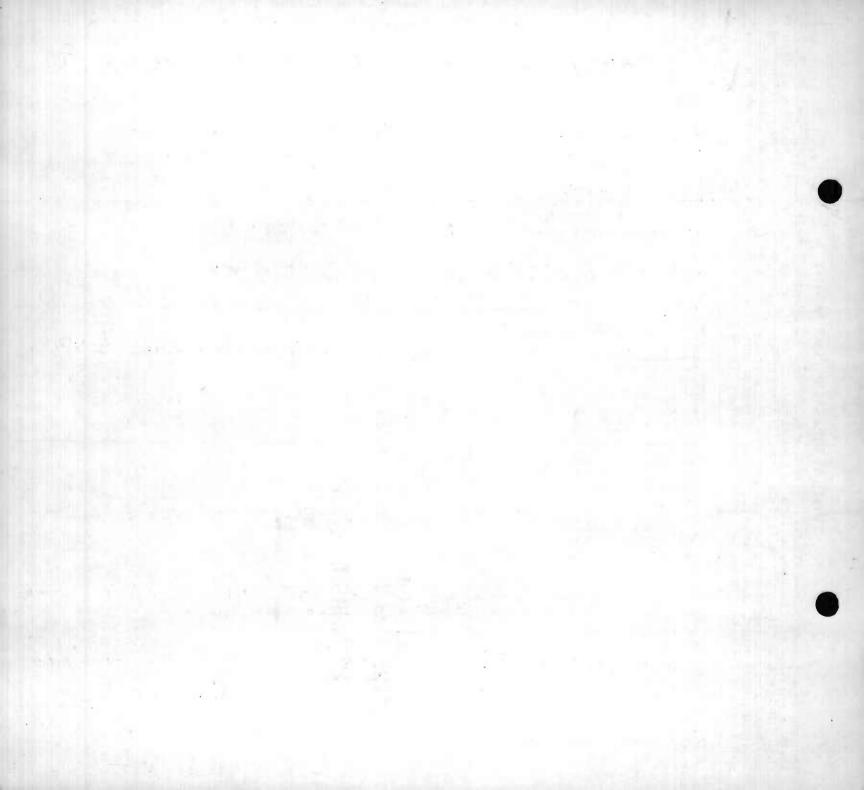
child and a subject is fittern (contract,

| | | | BALTIMORE CITT I | EALTH DEFARTMENT | | 68 1123 |
|-----------|------|--------------|------------------|------------------|----|----------------------|
| BIRTH NO. | . 66 | 1335 MEDICAL | EXAMINER'S | CERTIFICATE | OF | DEATH Registered No. |

| | E. CASE NO. | MILDI | CALLA | AMINIALKS | LKIIIICA | | LATITIKEGISTE | | | |
|---------------|-----------------|---|----------------|---|--------------------|----------------|--|------------------------------------|--|--|
| 1. | NAME OF DEC | CEASED | | | | 2. DATE AND | HOUR PRONOUNCE | D DEAD | | |
| (I y | pe or Print) | HOWARD E. | SPENCE | R | | March | 29, 1966 | 1 5:35 Pm. | | |
| 3. | PLACE IN BALT | TIMORE MARYLAND, W | | | 4. USUAL RESID | ENCE (Where | leceosed lived. If instit | ution: residence before admission) | | |
| FU | LL NAME OF | (IF NOT IN HOSPITA | L OR INSTITU | TION, GIVE STREET | Ma | ryland | | | | |
| HC | SPITAL OR | ADDRESS OR LOCA | TION) | | | ltimore | corporate limits, waite | RURAL and give Jownship) | | |
| | | | | | | | | 70-01 | | |
| 0 | V. 194. | 4110 Hayward | Ave. | | D. STREET ADD | 0 Haywar | | | | |
| | 6 FV | | | ALEUED AAARDIED | B. DATE OF BIRT | | | Tr. 11-1-1-1 W 16 11 1 24 11 | | |
| 5. | SEX | 6. RACE | | NEVER MARRIED DIVORCED (specify) | | | 9. AGE (In years lost birthdoy) | Months Doys Hours Min. | | |
| | Male | White | wide | | march : | | | | | |
| | | UPATION (Give kind of work working life, even if retired) | 1. | | | | . ` | 12. CITIZEN OF WHAT COUNTRY? | | |
| 2.0 | PAINT | - AR | HOUSE ! | ECORATING . | 14. MOTHER'S M | | WYORK | V. S. A. | | |
| 13, | FATHER'S NAM | , | | | | | | | | |
| 16 | ELI M | SPENCER | CORCEC? | 14 SOCIAL | 17. INFORMANT | RIE K | umsey | ADDRESS | | |
| | | O EVER IN U.S. ARMED | | 16. SOCIAL SECURITY NO. | | | LO SINE | Equitable Buildin | | |
| | NO | | | 072-03-4423 | MR. MORR | 1\$ \$. 130 | 2RMAN 730 | (21202) | | |
| | 1B. | 211 | | CAUSE | OF DEATH | 5777 | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | DISEA | SE OR CONDITION DI | RECTLY | | | | | | | |
| | (This does | LEADING TO DEATH not mean the mode of | dvina e.a. | (A) Arteri | oscleroti | c cardio | vascular di | sease | | |
| | he ort foilure, | , osthenio, etc. It means mplication which caused | the discose, | DOE 10 | | | | | | |
| | | 41 N 50 N 5 | | | | | | | | |
| | | ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | | | | | | | | |
| | RISE TO TH | IE ABOVE CAUSE (A) ST | | DOE 10 | | | | | | |
| z | | NO CONDITION LAST. | | (C) | ••••• | | | | | |
| CERTIFICATION | | II . | | • | | | | | | |
| 5 | OTHER SIG | NIFICANT CONDITIONS DEATH BUT NOT REL | | | | | | | | |
| 1 | DISEASE O | R CONDITION CAUSING | IT. | *************************************** | | | | | | |
| SE | 19A. DATE OF | OPERATION 198, CON | | WHICH OPERATION | 20A. AUTOPSY | | OB. IF YES, WERE FIN N CERTIFYING CAUSI | | | |
| 1 | 0 | L CAUSE WAS | 218 | PLACE OF INJURY (e.g., | no | WHERE DID | f in Baltimare City air | e exact (acation) | | |
| EDIC | UNDERLYING | OR CONTRIB- | home, | , form, foctory, street, o | ffice bldg., INJUR | Y OCCUR? | in bottimole City, giv | e exoct tocollons | | |
| ME | | | | | | | | | | |
| - | OF INJURY | (Month) (Doy) (Yeor | | 1E. INJURY OCCURRED | | DINI DID WO | RY OCCUR? | | | |
| | (APPROX.) | | m. V | VORK NOT | ORK | | | | | |
| | 22. | tify that I held an I | nquiry 🗌 | Inspection X Aut | opsy an | d that on this | s basis, death in m | y apinion | | |
| | | Ited from: Natural car | | ccident Syleid | | | ndetermined manne | | | |
| | 1000 | | - A | | | EDICAL EX | | | | |
| | ACTUA | | 7050 | The X | ASSISTANT M | | | DATE SIGNED | | |
| | SIGNAT | 1000 | 00,0 | a volume. D. | ASSOCIATE A | | | 3-30-66 | | |
| | NAME (| - · / D | r Breit | enecker, M.D. | ASSOCIATE | ALDICAL LA | AMINEK | 3 30 00 | | |
| | A. BURIAL CRE | MATION, 23B DATE | 230 | C. NAME of CEMETERY of | CREMATORY | 23 D. LC | CATION (City, | town, or county) (State) | | |
| RE | MOVAL (Specif | 11-0- | 66 1 | LORRAINE P | ARK CEN | 1. B | Altimore. | , Md. | | |
| 24 | A. DATE REC'D | BY HEALTH DEPT. | 08 45 | OF REGISTRAR | | AL DIRECTOR | | ADDRESS | | |
| | APR | A 1968 (1.0. | of home Page ! | COUCH, MA | | | Dealed Tark | aw 1050 Park To | | |
| | /11.11 | | | | wm. | -00 K-12 | ROOKS 10 WS | TOUSON, MD 21204) | | |
| VS | 151-REV. 1/1/ | 65 | | | | | | 1 | | |



IMPORTANT DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT RESIDENCE (Where deceased lived. Il institution; residence (If outside city limits, write RURAL and give lownship) If Under 24 Hrs. If Under 1 Yr. Months: Days Hours 12. CITIZEN OF WHAT COUNTRY? Green INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) and that in (my) (aur) opinian death occurred on the date 23B DATE SIGNED



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. ATE OF DEATH /2, DATE AND HOUR OF DEATH (Type or Print). 4:35 P.M. 4-1-66 3. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) B, COUNTY (If not in hospital or institution, give street FULL NAME OF JOHNS "HOPKINS HOSPITAL (If outside city limits, write RURAL and give township) INSTITUTION HE N. BROADWAY BALTIMORE (If rurol, give location) D. STREET ADDRESS BALTIMORE, MD 21205 BIDDLE STREET 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 1 Ones 5. SEX 6. RACE If Under 24 Hrs. lost birthdoyl WIDOWED DIVORCED (specify) MALE NEGRO 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF disposition dane during most of working life, even if retired) WHAT COUNTRY? Public MOTHERS MAIDEN NAME Caniton 13. FATHER'S NAME JOHANNA TUBLEN. GEORGE KEENE 17. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CASE 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH EXAMINER'S (This does not mean the mode of dying, EDICAL heart lailure, asthenio, etc. It meons the disease injury ar camplication which coused death. ANTECEDENT CAUSES 鑩 AS\$T. DISEASES OR CONDITIONS, if any la the obove cause (A) UNDERLYING CONDITION lost. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO 1 DISEASE OR CONDITION CAUSING IT. 20 A. AUTORSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) this hospital attended the deceased from that (1) (we) lost sow the deceased alive on my and that in my (aur) apinion death occurred on the date ond hour ond from the couses stated above ((1)/(We) (did) (did not) view the body after death. 23A SIGNATURE 23 B. DATE SIGNED M.D. Attending Med. Phys. Director 23 D. ADDRESS 23C. PHYSICIAN'S approv NAME (TESARRY M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) VS 150-REV. 1/1/65

VS 153-4/13/66

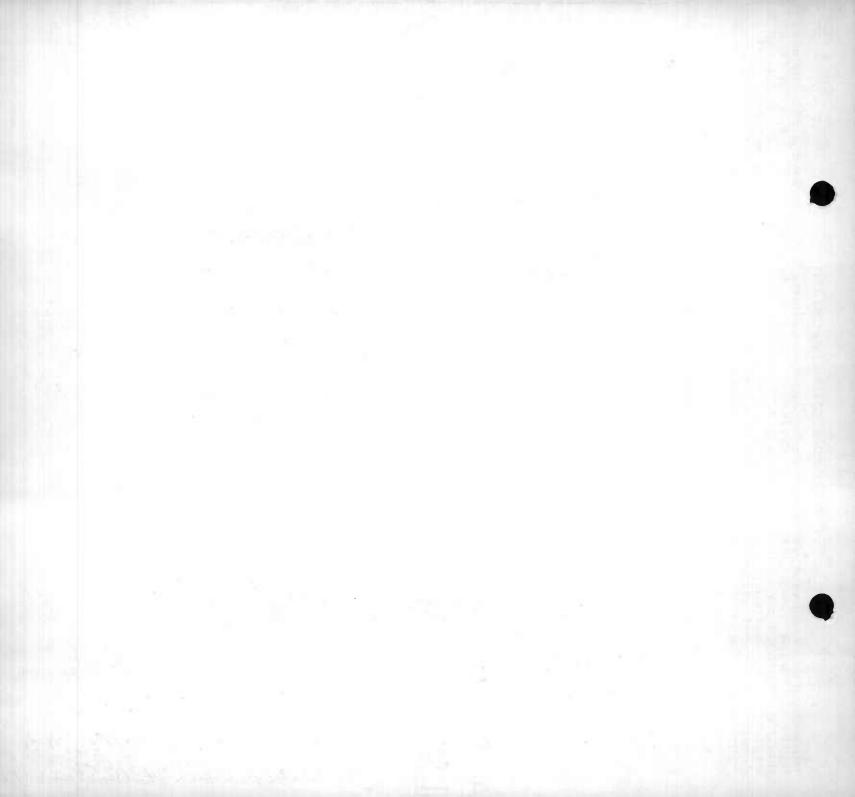
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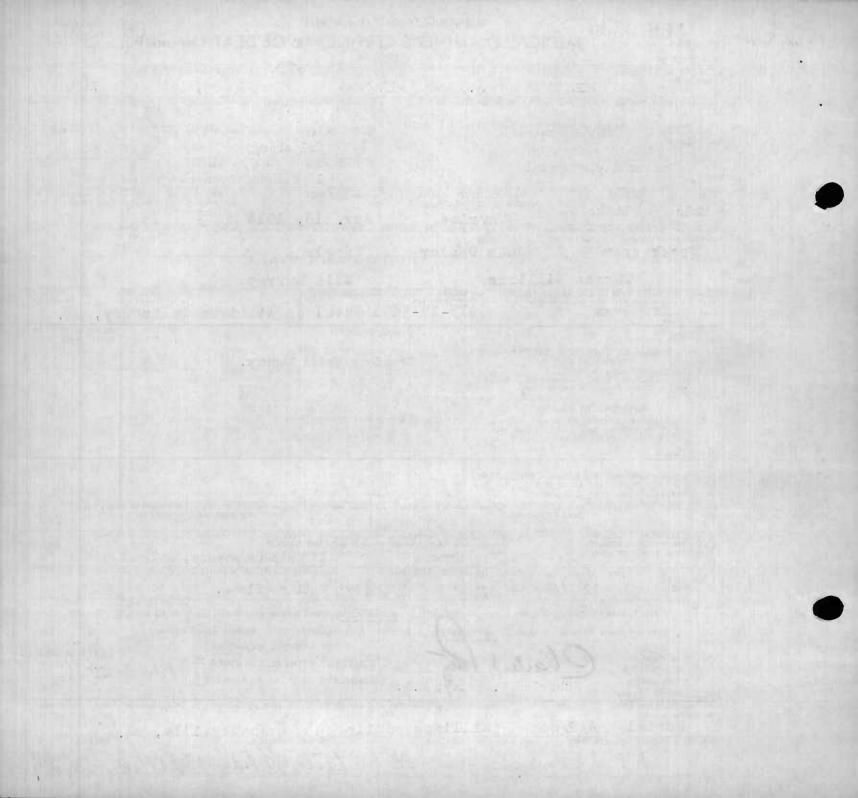
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/65



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DIRECTOR:

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William O Burdley .

AND STREET, PROJECT

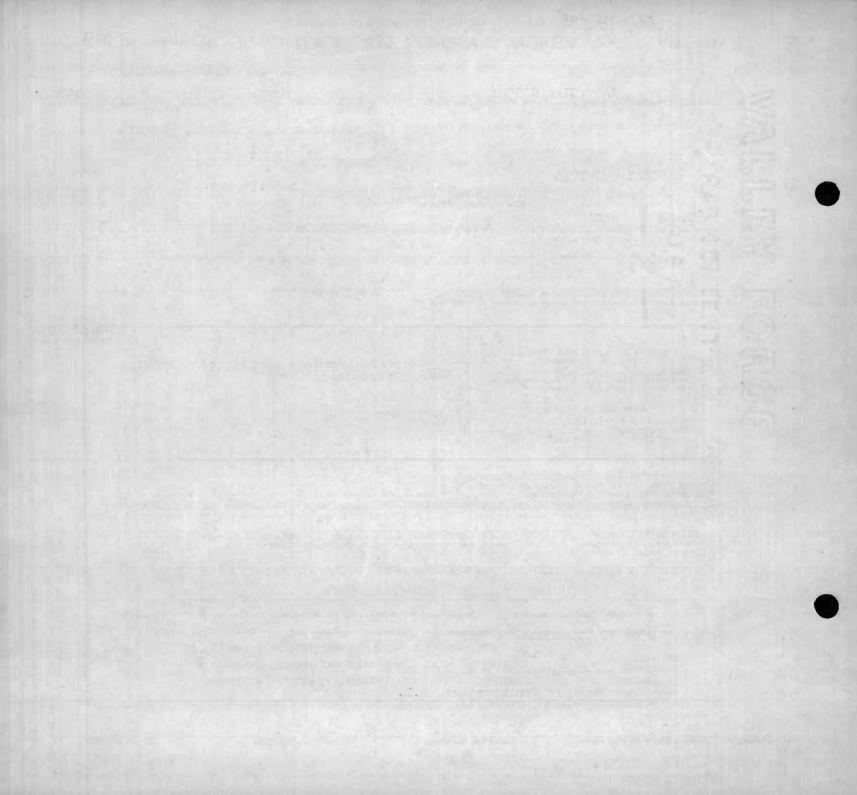
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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. lost birthday 15 2. CITIZEN OF WHAT COUNTRY? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown), Ilf yes, give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia complicating anoxic (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXX encephalopathy ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? IYes of No. | 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes ves 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID lift in Boltimore City, give exact location) hame, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME (Hout) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) OF INJURY (APPROX.) WHILE AT NOT WHILE 22. Autopsy X I certify that I held on Inquiry Inspection ond that on this basis, death in my opinion Homicide resulted from: Notural couses X Suicide Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S 3-13-66 Rudiger Breitenecker, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 10Maleuni 24C. FUNERAL DIRECTOR 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAN ADDRESS

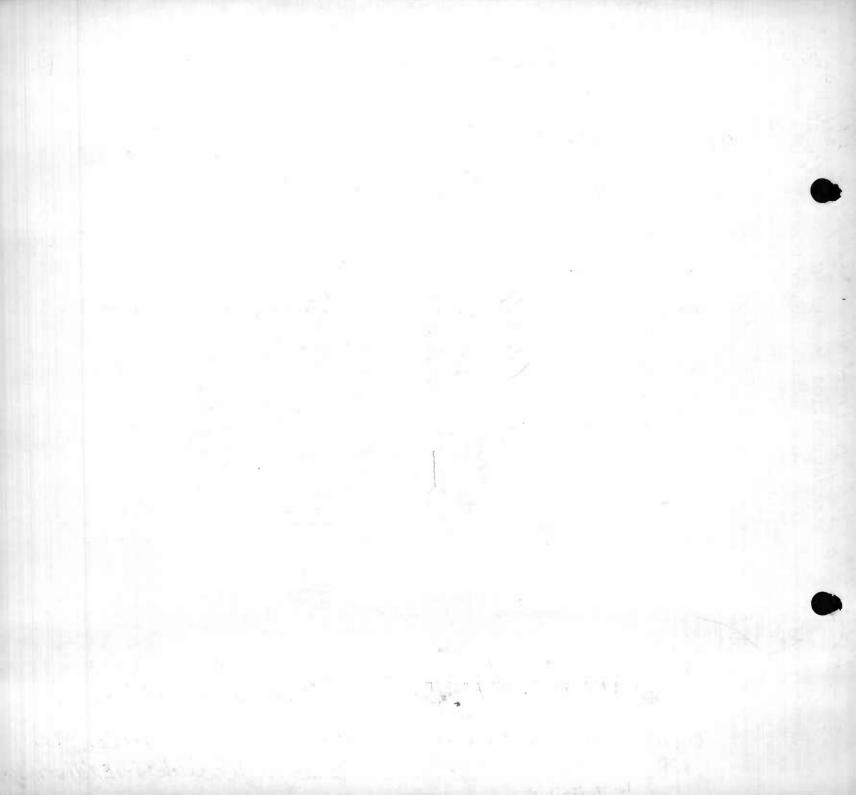
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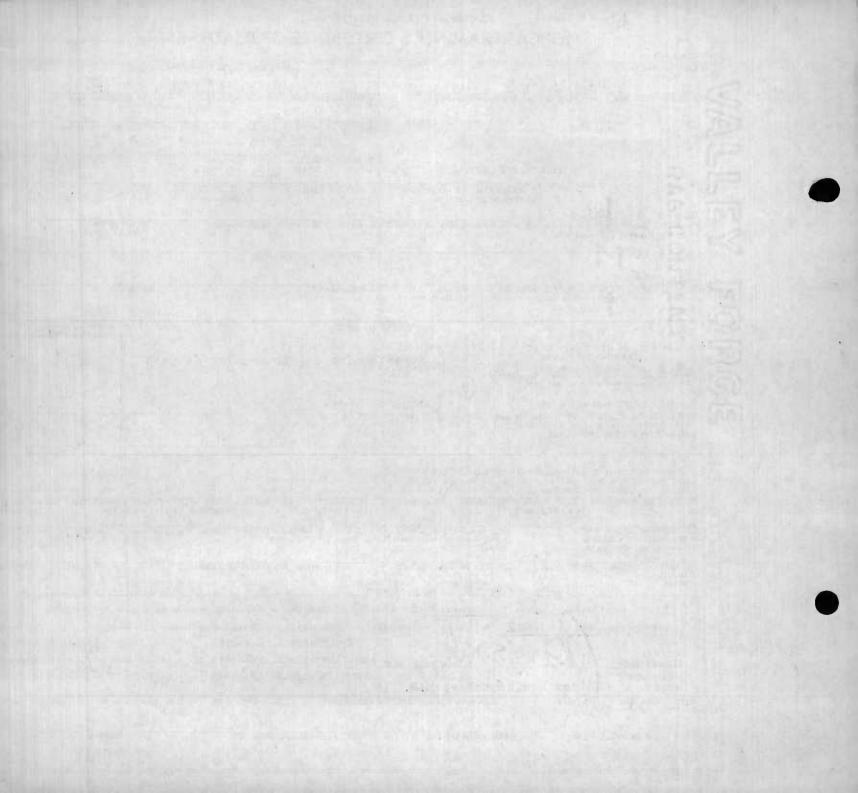


| 0 1 \$3.26305370 | CERTIFICATE OF DEATH Registered No. 66 03370 | U |
|--|--|---------------------------|
| A C | CERTIFICATE OF DEATH Registered No. | |
| M.E. CASE NO. 1. NAME OF DECEASED | 2. DATE AND HOUR OF DEATH | |
| (Type of Prin) MASTER LOUIS | DUFFY 3-29-66 | P. M. |
| 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence bef | fore ofimission) |
| FULL NAME OF (If not in hospital or institution, give oddress or location) | |) |
| INSTITUTION | SPITAL BALTIMORE 21218 | ship) |
| UNION MEMORIAL HO | D. STREET ADDRESS (If rurol, give location) | |
| / | 3012 HARFORD KOAD | |
| 5. SEX 6. RACE 7. MARRIED, NE | TER MARKED 8. DATE OF BIRTH 9. AGE (In years if Under 1 Yr. If Months Doys House) 9. AGE (In years if Under 1 Yr. If Months Doys House) | Under 24 Hrs. urs Min. |
| 1 . 21W | ISINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF | |
| done during most of working life, even if retired) | WHAT COUNT | RY? |
| 13. FATHER'S NAME | VONE MARYLAND US 14. MOTHER'S MAIDEN NAME 3022 H | TARFORD |
| A CONTRACTOR OF THE CONTRACTOR | DELORES DUFFY BALTON | |
| CHARLES REED 15. Was Deceased Ever in U. S. Armed Forces? 16. | SOCIAL 17. INFORMANT ADDRESS | 12021218 |
| (Yes, no or unknown) (If yes, give wor or dotes of service) | SECURITY NO. | |
| 18. = 9 / 1 | CAUSE OF DEATH DUSPY 3022 Harford Partoral E | 7. BETWEEN |
| DISEASE OR CONDITION DIRECTLY | ONSET ANI | D DEATH |
| (This does not mean the mode of dying, e.g., | DUE TO MASON DE ASSURA UM GOLLE | |
| heart failure, osthenia, etc. It means the discose, injury ar complication which coused death. | CAUSE OF DEATH DUSPY 3022 Hasford Conservation Gold | rticles. |
| ANTECEDENT CAUSES | _) [48] | |
| DISEASES OR CONDITIONS, if on thing of tise to the obove couse (A) slound the | MDUE TO | |
| rise to the obove couse (A) storing the UNDERLYING CONDITION last. | Z (m(c) /) (| |
| | 3 & Kul | |
| O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | |
| DISEASE OR CONDITION CAUSING IT. | | ED |
| 194. DATE OF OPERATION 198. CONDITION FOR WHI | Ve S. IN CERTIFYING CAUSES OF DEATH? | |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 218. PLA home, t betath (notify medical examine) | ACE OF INJURY (e.g., in or obout 21C. WHERE DID form, foctory, street, office bldg., INJURY OCCUR? | ition) |
| 0 | JURY OCCURRED 21F. HOW DID INJURY OCCUR? | 0 |
| OF INJURY (APPROX) While | At Not White | |
| Work | deceased from 3 25 1966 to 3/25 | 19 66. |
| 22. I certify that (1) (this hospital) attended the a | 3/25 19 6 and that in (my) (our) opinion death occurred | |
| and haur and from the couses stated above. (1) (| | a on the dote |
| 23A. SIGNATURE | 23B. DATE SIGNED | 7 |
| Slammed argan | M.D. Attending Med. Stoff Phys. 3 /25/ | 166 |
| NAME TYPE HAMMOND . DUGAN | N. 3BD | |
| HAMMONDV. VIII | TAN M.D. Unin Mimma DIKP | |
| 24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify) | E of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) | (Stote) |
| Burial 4-1-66 Mt, (| alvarylemerery PANE Anundel Co. | Md. |
| APR 4 1988 APP. 1258 NAME OF | PEGISTRAR 25C. FUNERAL DIRECTOR OF PORCE | 14 0 |
| 1011. | " Mundagen greater 2431 E, C) | verson |



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| BIR | TH NO. | MED | ICAL EX | AMINER'S C | ERTIFICATE OF I | DEATH Register | red No. |
|---------------|--|--|----------------------------------|---|---|--|---|
| <u> </u> | E. CASE NO. | | | | | | |
| 1. (Ty | pe or Print) | CEASED | | | 2. DATE AN | D HOUR PRONOUNCE | |
| 2 1 | LACE IN DAL | ELEANOR CO | | NCED DEAD | | h 16, 1966 | 3:30 Am. |
| FU | LL NAME OF | (IF NOT IN HOSPIT ADDRESS OR LOCA | AL OR INSTITU | | A. STATE Maryland C. CITY OR TOWN (If outsid | B. COU | INTY |
| IN: | TITUTION | ADDRESS OR LOCA | (IION) | | Baltimore | 11 | 1-03 |
| 6 | | 1906 Eu | taow Pla | ce | D. STREET ADDRESS (If rurol, 1906 Euta | w Place | |
| 5. : | Female | 6. RACE White | | NEVER MARRIED DIVORCED(specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. |
| 104 | USUAL OCC | | 108. KIND OF | BUSINESS OR INDUSTR | YII. BIRTHPLACE (State or foreig | n country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. | FATHER'S NAA | ΛE | | | 14. MOTHER'S MAIDEN NAM | | |
| | | D EVER IN U.S. ARMEE | | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | (This does heart failure, injury or co DISEASES RISE TO TH | SE OR CONDITION DI LEADING TO DEATH not meon the mode of osthenio, etc. It meons mplication which coused ANTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. | dying e.g., the discose, death.) | (A) Hyper DUE TO | tensive cardiovas | scular disea | se |
| CERTIFICATION | TO THE DISEASE O | II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B, CONWAS PER | LATED TO THE | | 20A. AUTOPSY? (Yes or No) | 20B, IF YES, WERE FIN | |
| DICAL | LIND ENLYING | L CAUSE WAS OR CONTRIB- | 21 B. home, etc.l | PLACE OF INJURY (e.g., form, factory, street, | in or about 21C. WHERE DID office bidg., INJURY OCCUR? | (If in Boltimore City, given | ve exoct location) |
| Σ | 21 D TIME OF INJURY (APPROX.) | (Month) (Doyl (Yeo | | HE. INJURY OCCURRED WHILE AT NOT ORK AT W | 21F. HOW DID INJU | JRY OCCUR? | |
| | ACTUA SIGNAT EXAMIN NAME (| URE VER'S Type) Rudiger | Breitene | Suicice Suicice M.D. M.D. | ond that on the Homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EX | Undetermined manner (AMINER (AMINER XAMINER | DATE SIGNED 3- 16-66 |
| RE | MOVAL (Specif | MATION AR 4 | 1966 | JOHNS | | CAL SCHO | town, or county) (State) |
| 24. | A. DATE REC'D | BY HEALTH DEPT. | | OF REGISTRAR | 24C. FUNERAL DIRECTOR | | ADDRESS |
| | APR | 1933 6 2.1 | 3 2 . Fa | Dev.M.M. | MORTUA | | - CHU |
| VS | 151-REV. 1/1/ | 00 | | | | | |



23C, NAME OF CEMETERY OF CREMATORY

23D. LOCATION ... (City, town, or county)

(State)

ADDRESS



NAME (Type)

24A, DATE REC'D BY HEALTH DEPT.

23A, BURIAL CREMATION, REMOVAL (Specify)

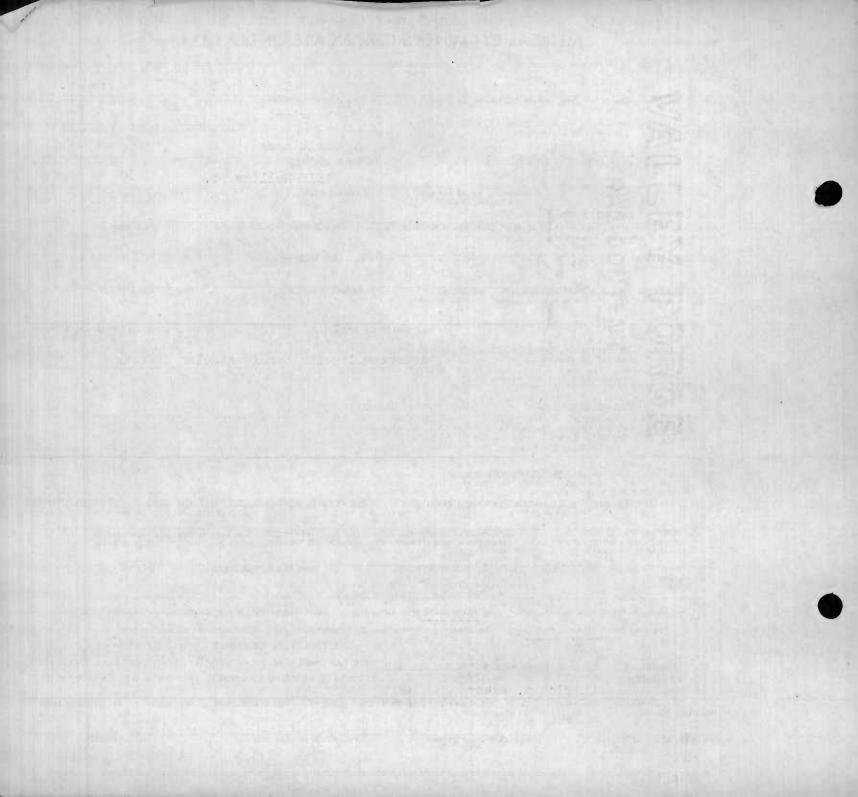
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Charles S. Betty

248, NAME OF REGISTRAR

23B, DATE

MAK



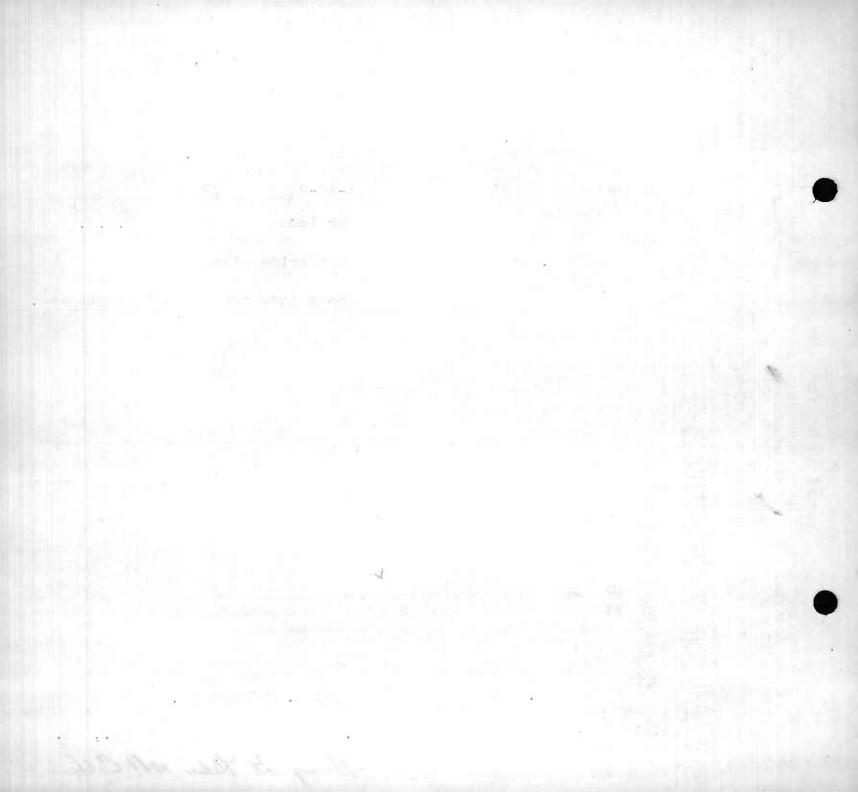
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| BIR | TH NO. | 1 | MEDIC | | AMINER'S C | | E OF D | EATH Registe | red Na | 03373 | |
|---------------|-----------------------------|--------------------------------------|-----------------------|------------------------|--|---|----------------|---|---|----------------|---|
| M. | E. CASE NO. | | 11/100 | 1111111 | | | | | | | |
| 1. (Ty | NAME OF DE(pe or Print) | | STREET | | JONES | 2 | March | 31, 1966 | ED DEAD | 9:20 1 | Ρ Μ. |
| 3. 1 | PLACE IN BALT | TIMORE, MARYL | AND, WH | ERE PRONO | JNCED DEAD | 4. USUAL RESIDEN | | eceased lived. If inst B. COL | itutian: res JNTY | idence before | odmi s sia n) |
| HO | LL NAME OF | (IF NOT IN ADDRESS C | HOSPITAL OR LOCATI | OR INSTITU | JTION, GIVE STREET | C. CITY OR TOWN | (If autside | carparate limits, write | RURAL | and give towns | hip) |
| INS | NOITUTION | | | | | Balt | imore | | 17- | 13 | |
| 6 | Luth | eran Hosp | pital | | | D. STREET ADDRE | | give location) k Avenue | 1) | | |
| 5. \$ | EX | 6. RACE | | | NEVER MARRIED | B. DATE OF BIRTH | | 9. AGE (In years lost birthday) | If Unde | r 1 Yr. If Und | er 24 Hrs. |
| | Male | Negro | | 2.6 | pivorced(specify) | 3-7-12 | | 54 | TATOH III S | Doys | s toun. |
| | | | | | BUSINESS OR INDUSTR | | ate ar foreign | | 12. CITIZ | EN OF | |
| don | e during most of t | working life, even i | f retired) | | | N.C. | | | | S.A. | |
| 13. | FATHER'S NAM | A E | | | | 14. MOTHER'S MAI | DEN NAME | | | D. 6 | |
| | Rob | pert Jon | nes | | | | Ella A | dams | | | |
| | WAS DECEASE | D EVER IN U.S. | ARM ED I | | 16. SO CIAL | 17. INFORMANT | DII W Z | damo | ADDRES | S | |
| (Ye | s, na ar unknawn |) (If yes, give wa | or dotes | of service) | 216-01-9387 | Lessie | Jones | 1702 Warv | vick | Ave. | |
| | 1B. | 80 Xi | | | CAUSI | OF DEATH | | | | INTERVAL B | |
| | DISEA | SE OR CONDIT | TION DIRE | CTLY | | | | | | | |
| | (This does | LEADING TO | made of | lying, e.g., | (A) Massi | ve Subarach | noid He | emorrhage | | | *************************************** |
| | injury or co | , osthenio, etc. mplication which | It means t | oth.) | Duntu | re of Aneur | wem of | Right Midd | 16 | | |
| | | ANTECENDENT | CALISES | | | ral Artery. | | Right Hida | 10 | 100 | |
| | | OR CONDITIO | | Y, GIVING | (B) GELED. | rar Accery. | | | • | ••••• | |
| | | NG CONDITION | | TING THE | 7.32 | | | | | | |
| Z | | | | | (C) | | | | •••••• | | |
| ST | | 11 | | | THE RESERVE | | | | | La mar | |
| CERTIFICATION | TO THE | DEATH BUT | NOT RELA | TED TO T | Hyperten | sive and Ar | terios | clerotic Ca | rdíov | ascular | Disea |
| CER1 | 19A. DATE OF | | 9B. COND WAS PERFO | | WHICH OPERATION | Yes | | OB. IF YES, WERE FILL N CERTIFYING CAU | | | s |
| MEDICAL | UNDERLYING | CAUSE WAS OR CONTRIB- | 100 | 21 B. home etc.) | PLACE OF INJURY (e.g., form, factory, street, | in or about 21C. Whoffice bldg., INJURY | HERE DID (1) | f in Boltimare City, gi | ve exoct l | ocotian) | |
| Σ | 21D TIME | (Month) (Day | y) (Year) | (Haur) 2 | TE. INJURY OCCURRED | 21 F. HOV | W DID INJUI | RY O CCUR? | | | |
| | (APPROX.) | | | m. | WHILE AT NOT | WHILE O | 16:18 | | | 1.15 | |
| | 22, | tify that I held | d an Inc | juiry 🗌 | InspectionAu | tapsy 🗵 and | that an this | bosis, death in r | ny opinio | on | |
| | resul | Ited fram: Nat | ural caus | es X | Accident Suicio | de Hamicida | e U | ndetermined mann | er 🗌 | | |
| | | | · , | | | CHIEF ME | DICAL EXA | AMINER - | | | |
| | ACTUA | |) Lo | ule 1 | Vester 45 | ASSISTANT ME | DICAL EXA | AMINER X | | DATE SI | GNED |
| | SIGNAT | IED'C | | | | ASSOCIATE ME | | pro-may | | 4/1/66 | |
| | NAME (| | Charle | s S. F | etty, M/D. | TOTO CITAL TO ME | | | | | TENTA. |
| | MOVAL (Specif | | DATE | 23 | C. NAME OF CEMETERY | or CREMATORY | 23 D. LO | CATION (City, | , tawn, or | county) | (Stata) |
| | Burial | 1 3 | - 4-6 | 6 | St.Anna's | | Ril | ey . Nort | th Ca | rolina | 3 |
| 24/ | A. DATE REC'D | BY HEALTH DE | PT. | 24B. NAME | OF REGISTRAR | 24C. FUNERAL | DIRECTOR | | | ADDRESS | |
| | APR | 4 1988 | Ti Pres | U' L' L'H | March and | Sha | 11 4 | 111. 10 | 1106 | 1/101 | 1. / |

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| TEBOL | BIRTH NO. 66 13374 CERTIFI | CATE OF DEATH Registered No. 113374 |
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| at at the the the the the the the the the th | M.E. CASE NO. 1. NAME OF DECEASED | 2. DATE AND HOUR OF DEATH |
| death. S | (Type or Print) Ida Latimore | April 1, 1966 |
| | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | 4. USUAL RESIDENCE (Where decoosed lived. If institution; rosidence before odmi |
| | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION | A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) |
| 1 | 0 2922 LAURETTA AVE. | Baltimore D. STREET ADDRESS (If rurol, give locotion) 1005 Whatcoat St. |
| | S. SEX 6. RACE 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 |
| | Female Negro Widowed (specific | y) 1-12-94 lost birthday) Months Doys Hours M |
| | 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDIdone during most of working life, even if retired) | JSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. Citizen of What Country? U.S.A. |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | John H. Simms | Catherine Sisco |
| | 15. Was Doceasad Ever in U. S. Armed Forcas? 16. SOCIAL | 17. INFORMANT ADDRESS |
| | (Yos, no or unknown) (If yes, give wor or dotos of service) SECURITY NO. | Norma Anderson 2703 Lauretta Ave. |
| | 7-1.1. | SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) | Myocarditis 2 years |
| ı | (This does not mean the mode of dying, e.g., DUETO heart failure, asthenio, etc. It means the disease, | |
| | injury or complication which caused deoth.) | ronic Cardio Vasculas Disease. |
| ı | ANTECEDENT CAUSES OUE TO | |
| ĺ | DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the (C) | |
| ı | UNDERLYING CONDITION lost. | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| | U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, lorm, foctory, streetc. | e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) tet, office bldg., INJURY OCCUR? |
| ı | 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED | D 21F, HOW DID INJURY OCCUR? |
| ľ | ₩ OF INJURY While At □ Not | While - |
| | Work A | Work, U |
| | | Jun . 2, 1962 10 tril 1, 196 |
| | that (I) (we) lost saw the deceased alive an | 19 6 and that In(my) (our) apinion death accurred on the |
| | and haur and from the causes stated above. (1) (We) (did) (did r | nat) view the bady after death. |
| | 23A. SIGNATURE | 23 B. DATE SIGNED |
| | Frank W. Oyden, M.D. | Allonding Med. Stoff Phys. Director Phys. D |
| | NA AAS (Tuno) | 23 D. ADDRESS |
| | 1000 0 - 1- NT O 3 | M.D. 2701 N. Calvert St. |
| | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify) | CREMATORY 24D. LOCATION (City, town, or county) (Sto |
| | Burial 4/5/66 Mt Calvary | Cem. Anne Arundel Co., Md. |
| ı | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS |
| | APR A 1000 0 | George St. Kelson 1348 Calhour |
| deceased written a | 一 一 | There x Chien 124 Calham |



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

IMPORTAN

FUNERAL DIRECTOR:

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Paradori fe

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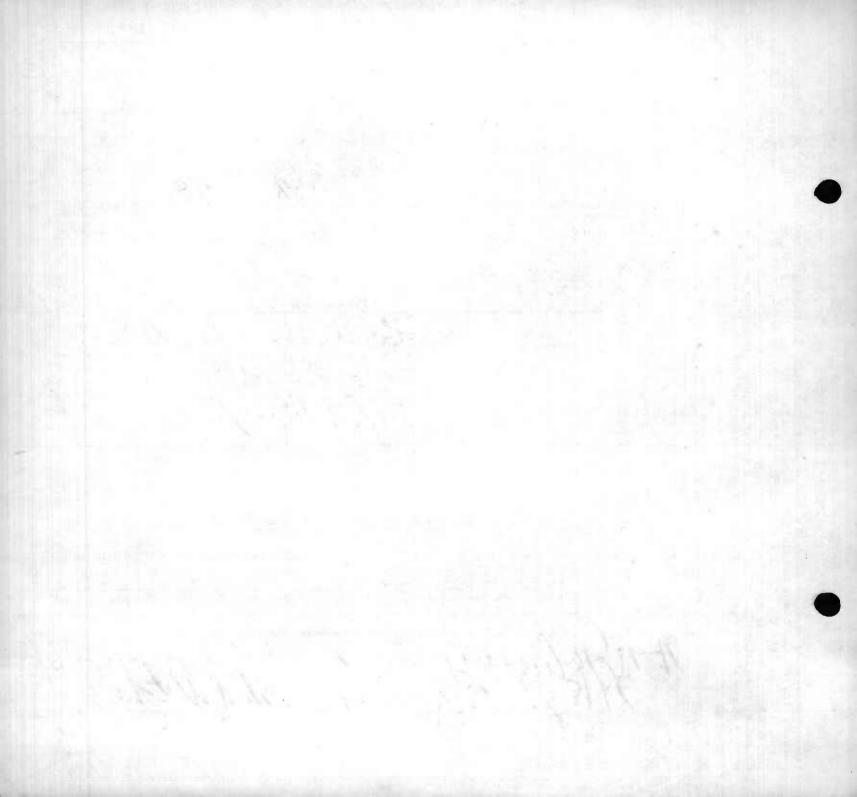
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IMPORTANT

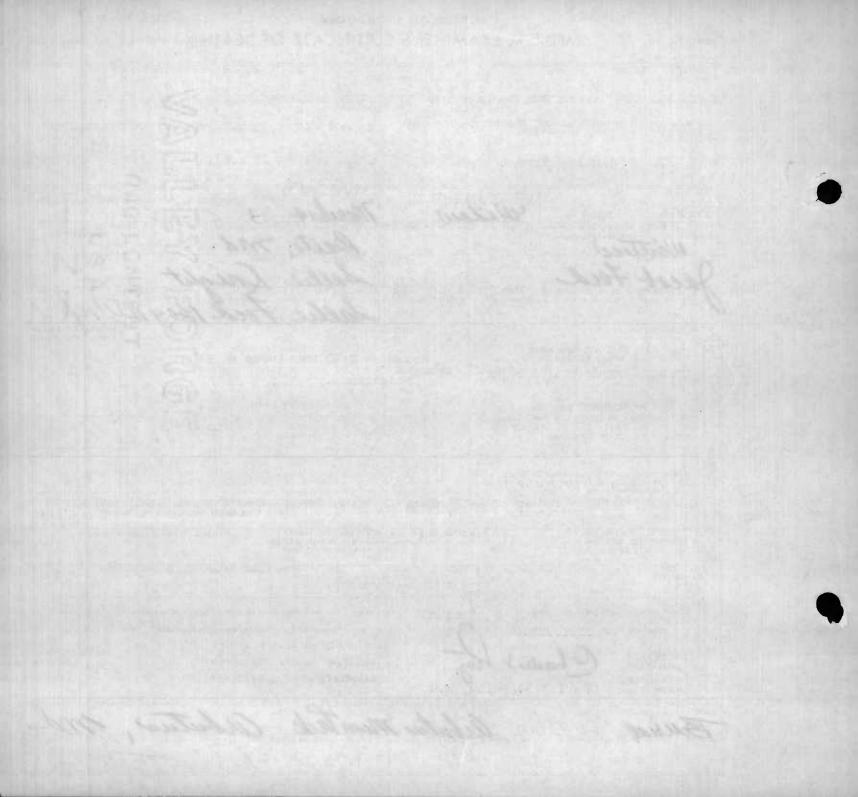
DIRECTOR:

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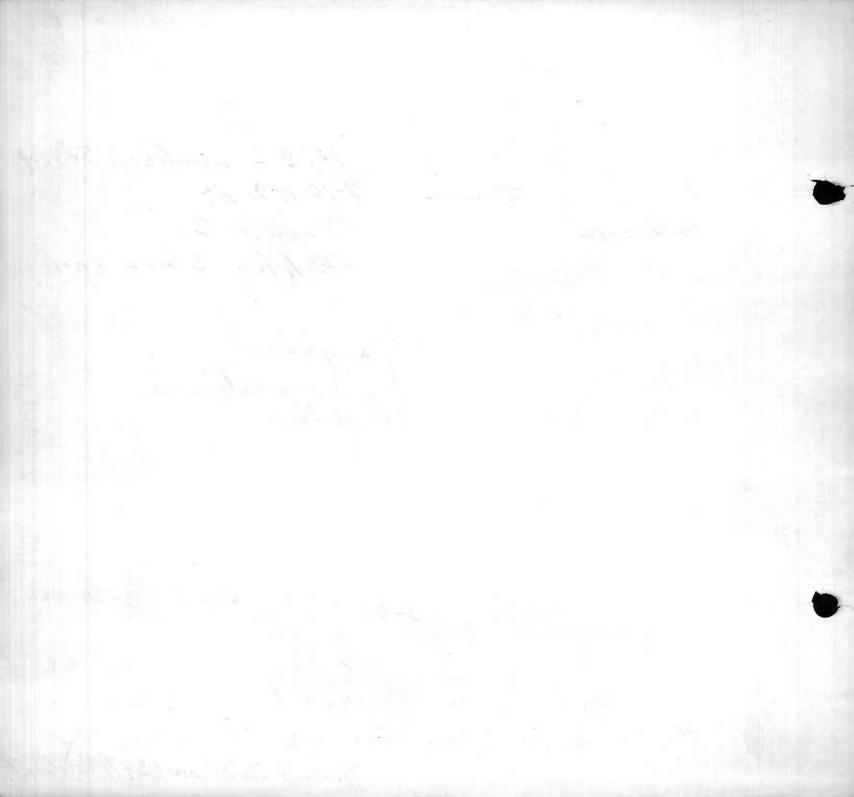
BALTIMORE CITY HEALTH DEPARTMENT



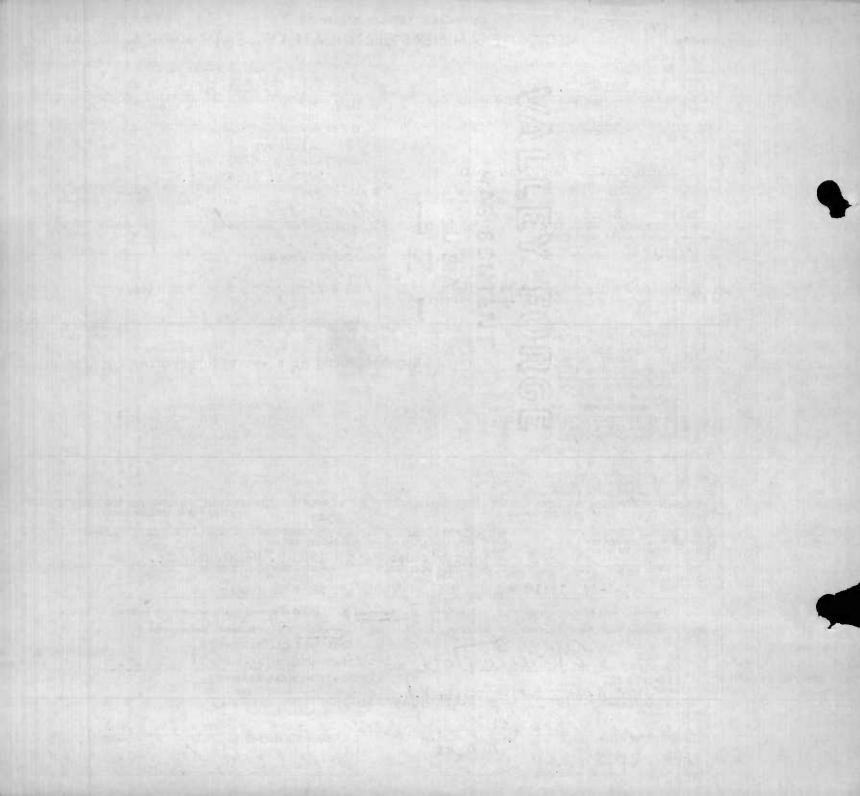
| 86 13378 BALTIMORE CITY HEA | ALTH DEPARTMENT 66 03378 |
|---|--|
| | CERTIFICATE OF DEATH Registered No. |
| M.E. CASE NO. | |
| 1. NAME OF DECEASED (Type or Print) | 2. DATE AND HOUR PRONOUNCED DEAD |
| MARIE FORD | March 31, 1966 5:25 P M. |
| 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY |
| FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) |
| 2026 E. Hoffman Street | Baltimore D. STREET ADDRESS (If rural, give location) |
| 2020 E. HOTTMAN Street | 2026 E. Hoffman Street |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, 1f Under 24 Hrs. |
| Female Negro WIDOWED, DIVORCED (specify) | Material 1019 lost birthdoy! Months, Doys, Hours, Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST | |
| done during most of working life, even if refired) | Broth Md. WHAT COUNTRY? |
| 13 FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Larob Ford | Sallie Mealit |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS |
| | Sallie touch 1204M. Wrefest. |
| 18. / / / CAUS | SE OF DEATH INTERVAL SETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | |
| LEADING TO DEATH (This does not meen the mode of dying, e.g., XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ous Cell Carcinoma of Face, with |
| | astases. |
| | |
| ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO | |
| RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | |
| Z (C) | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUIT MOT BELATED TO THE | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS REPROMATED. | |
| 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| 21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- O UNDERLYING □ OR CONTRIB- O UNDERLYING □ OR CONTRIB- | , in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR? |
| UTING CAUSE OF DEATH. | |
| 21D TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| (APPROX.) WHILE AT NOT | T WHILE |
| 22. | utapsy and that an this basis, deoth in my opinian |
| resulted fram: Natural causes X Accident Suici | |
| 1030100 1101111 <u>1101011 1101111 1101111 1101111 1101111 1101111</u> | CHIEF MEDICAL EXAMINER |
| SIGNATURE Charles leur M. | ASSISTANT MEDICAL EYAMINED X |
| SIGNATURE MALL MALL | ASSOCIATE MEDICAL EXAMINER 4/1/66 |
| NAME (Type) Charles S. Petty, M.D. | |
| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) | or CREMATORY 23D. LOCATION (City, lown, or county) (Stote) |
| 2 AA. DATE REC'D BY HEALTH/DEPT. 248, NAME OF REGISTRAR | Mem lack Grbutus Md. [24C. FUNERAL DIRECTOR ADDRESS |
| APR 4 1983 Or O. J. E. Fasheyn | moules. Elicheron 11297 Carl |
| VS 151-REV, 1/1/65 | 11 |

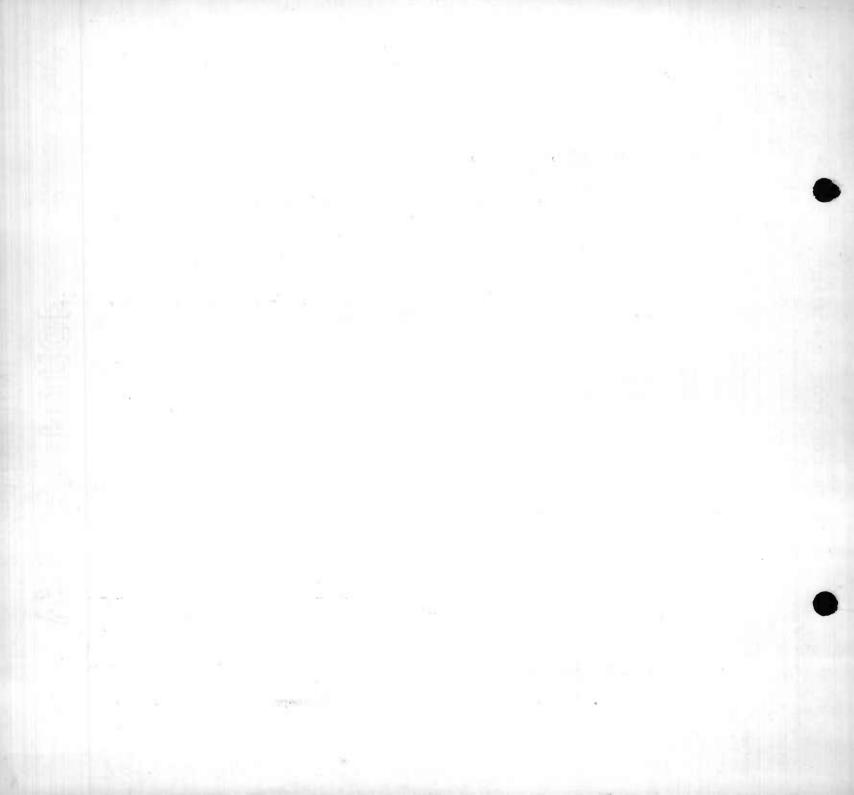


BALTIMORE CITY HEALTH DEPARTMENT

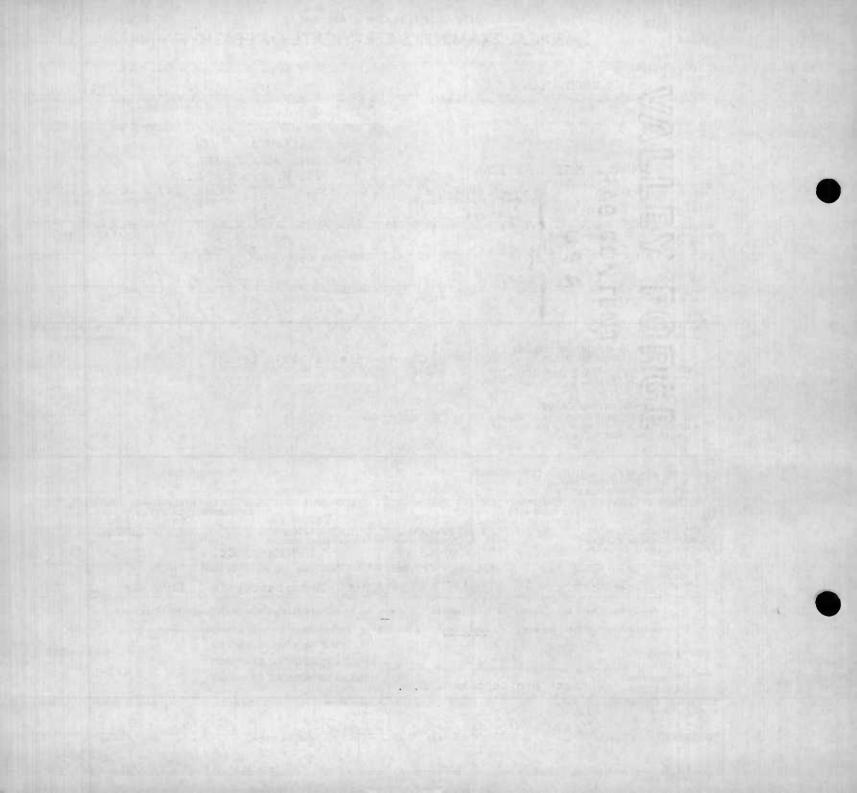


| | 66 (13380) | BALTIMORE CITY HEALT | | 66 | 03360 |
|---------------|---|--|---|---|--|
| BIRT | H NO. MEDI | CAL EXAMINER'S CE | RTIFICATE OF D | EATH Registered N | 0 |
| | CASE NO. | | | | |
| 1. N (Typ | AME OF DECEASED | | | HOUR PRONOUNCED DE | AD |
| | ROBERT J. G | | | ril 1, 1966 | 11:30 P M. |
| 3. P | LACE IN BALTIMORE, MARYLAND, W | HERE PRONOUNCED DEAD | 4. USUAL RESIDENCE (Where of | deceased lived. If institution: B. COUNTY | residence before odmission) |
| FUL | L NAME OF (IF NOT IN HOSPITA | AL OR INSTITUTION, GIVE STREET | Maryland | S. S. S. BILBA | 1 1 1 1 1 1 |
| HO: | SPITAL OR ADDRESS OR LOCA | (NOII) | C. CITY OR TOWN (If outside | corporate limits, write KUKA | L ond give lownship/ |
| | | | Baltimore | 0 - | 01 |
| | JOHNS HOPKINS HOS | PITAL - DOA | D. STREET ADDRESS (If rurol, | | |
| | | | 2032 E. Bi | | |
| 5. S | 6. RACE | 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) | 8. DATE OF BIRTH | | Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min. |
| | Male Negro | Single- | Mec,5, 1947 | 18 | |
| | USUAL OCCUPATION (Give kind of work during most of working life, even if retired) | 108 KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign | country 12. C | TIZEN OF VHAT COUNTRY? |
| done | Mande - | | mil | | THAT GOOTHIN. |
| 13. F | ATHER'S NAME | 11 | 14. MOTHER'S MAIDEN NAME | | |
| 1 | Samuel - T | HUM | Madein | 1 | |
| | VAS DECEASED EVER IN U.S. ARMED | | 17. INFORMANT | ADD | RESS |
| (Yes | , no or unknown) (If yes, give wor or dote | s of service) SECURITY NO. | 0/1 | 9h 907 | mexter 10 |
| <u></u> | 10 | | sumue o | reen 1011 | 11 Conoagus |
| | 981 XI | CAUSE | OF DEATH | | ONSET AND DEATH |
| | DISEASE OR CONDITION DI LEADING TO DEATH | | | | |
| | (This does not mean the mode of | dving e.g., DUE TO | ot wound of chest | with perforat | ion of aorta |
| | heart failure, asthenia, etc. It means injury or complication which caused | the disease, death.) | | | |
| | ANTE OF UBENT OANS | | | | |
| | ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A | (8) | omecoomum coocoom coocoocoocoocoocoocoocoocoocoocoocoocoo | | 2 a + 0.0 1 x + 0.0 a + 0.0 |
| | RISE TO THE ABOVE CAUSE (A) ST | | | | |
| z | UNDERLYING CONDITION LAST. | (C) | *************************************** | | *************************************** |
| 은 | li li | | DATE STORE LIMIT | | |
| 5 | OTHER SIGNIFICANT CONDITIONS | | | | |
| Ē | TO THE DEATH BUT NOT REI | | | | |
| CERTIFICATION | 19A. DATE OF OPERATION 198. CON | | 20A. AUTOPSY? (Yes or No) | 208. IF YES, WERE FINDING | |
| 1 4 | WAS PER | | yrs | 3700 | |
| EDICAL | 21 A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- | 21B. PLACE OF INJURY (e.g., i | fice bidg., INJURY OCCUR? | If in Baltimore City, give exo | et location) |
| ă | UTING CAUSE OF DEATH. | Harry's Bar | | | |
| 7 | 21D TIME (Month) (Doy) (Yeo | | 21F. HOW DID INJU | ashington St. | |
| | OF INJURY | | WHILE Shot in ch | | |
| | (APPROX.) 4-1-66 11: | 10 P m. WHILE AT NOT W | Shot in ch | lest | |
| | I certify that I held on I | nquiry Inspection Aut | apsy X and that on this | s basis, deoth In my opl | nion |
| | resulted fram: Natural ca | uses Accident Suicide | Homicide XX U | Indetermined monner | |
| | 711 | 1 | CHIEF MEDICAL EX | AMINER | |
| | ACTUAL | MITHING | ASSISTANT MEDICAL EX | AMINER X | DATE SIGNED |
| | SIGNATURE EXAMINER'S | M.D. | ASSOCIATE MEDICAL EX | | +-2-66 |
| | | Breitenecker, M.E. | ASSOCIATE MEDICAL EX | All INCENCE | |
| | BURIAL CREMATION, 238 DATE | 23C. NAME of CEMETERY of | CREMATORY 23D. LC | CATION City, town, | or county) (Stote) |
| REA | AOVAL (Specily) | 16/11 Brak SA | ort () | 1200h 5 | 20. |
| 244 | DATE REC'D BY HEALTH PEPT. | 24B. NAME OF REGISTRAR | 24C, FUNERAL DIRECTOR | /dallo, / | ADDRESS |
| - | ADD 4 1988 A 0 | F. C. Falley MA | Cy of C | 111 | -30 A D. |
| | APR 4 1305 Chillen | O C, wellow, and | Millan C. | Eliskean 1. | 129 11. Caller |
| VC | 151-PEV 1/1/65 A | | | | T |





| 66 | 03382 | В | ALTIMORE CITY HEAL | TH DEPARTMEN | T | | 66 | 113382 | 2 |
|--------------------------|--|--------------------------|------------------------------------|---------------------|---|----------------------------------|--------------------|----------------|------------------|
| BIRTH NO. | MED | ICAL EX | AMINER'S CI | RTIFICAT | E OF D | EATH Registe | red No | | |
| M.E. CASE NO. | THE STATE OF THE S | | | | | | | | |
| 1. NAME OF DE | | | | | 100000000000000000000000000000000000000 | HOUR PRONOUNC | ED DEAD | | |
| | SAMUEL C | | | | | 1, 1966 | | 6:15 | P _M . |
| | TIMORE MARYLAND, V | | | A. STATE | ENCE (Where d | eceosed lived. If inst B. COU | | ence before or | dmission) |
| HOSPITAL OR | ADDRESS OR LOC | AL OR INSTITU | TION, GIVE STREET | | Itimore | corporate limits write | RURAL on | d give townsh | ip) |
| 3 | JOHNS HOPKINS | HOSPITA | L | D. STREET ADDR | | give locotion) | -01 | | |
| 5. SEX | 6. RACE | | NEVER MARRIED DIVORCED(specify) | B. DATE OF BIRTH | 1 | 9. AGE (In years | | 1 Yr. If Under | |
| Male | Negro | Sens | yle | marelu1 | 6 1938 | 28 | | | |
| done during most of | CUPATION (Give kind of working lile, even if retired) | KIOR KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE | Stofe or foreign | S.C. | 12. CITIZE WHAT | N OF COUNTRY? | |
| 13. FATHER'S NAI | ME Place | 2111 | | 14. MOTHER'S M. | AIDEN NAME | Johnson | V | | |
| | ED EVER IN U.S. ARME | | 16, SO CIAL SECURITY NO. | 17. INFORMANT | 1 | 7,00,000 | ADDRESS | -0 | |
| 910 | Will you, give that di got | 7" | | John | Clar | waley 7. | 356 | 5 Tres | tons |
| 18. 7 9 | 00,0 | | CAUSE | DE DEATH | | 1 | | INTERVAL BE | |
| DISEA | SE OR CONDITION D | RECTLY | | , , | | U | | OITSET AITD | DEATH |
| (This does | LEADING TO DEATH | dvina e.a. | (A) Cranio | -cerebral | injurie | 28 | | | ********** |
| heart foilure | e, osthenio, etc. It meon implication which coused | s the disease. | DOE 10 | | | | | | |
| | ANTECENDENT CAUS | FS | | | | | | | |
| DISEASES | OR CONDITIONS, IF | ANY, GIVING | (B). | •••••• | | | | | |
| | HE ABOVE CAUSE (A) S NG CONDITION LAST. | | | | | | | | |
| 8 | | | (C) | | | | | | |
| O THE | II SNIFICANT CONDITIONS DEATH BUT NOT RI | LATED TO TH | | | | | | | |
| DISEASE O | F OPERATION 1198, COI | | VHICH OPERATION | 20 A. AUTOPSY | ? (Yes or No) 2 | OB. IF YES, WERE FII | VDINGS CO | ON SIDERED | |
| 0 | WAS PE | RFORMED | | Yes | | N CERTIFYING CAU | | | |
| O UNDERLYING | AL CAUSE WAS OR CONTRIB- USE OF DEATH. | 218, F home, etc.) | form, factory, street, o | ffice bidg., INJURY | HERE DID (III OCCUR? 39 Masor | | ve exact lo | cation) | |
| E 21 D TIME | (Month) (Day) (Yes | or) (Hour) 21 | E. INJURY OCCURRED | | OM DID INTO | | - 4- | W. Killian | |
| OF INJURY | 3-16-66 | | HILE AT NOT | WHILE OF A D | | ly fell dow | n step | S | |
| 22. 1 ce | rtify that I held an | Inquiry 🗌 | Inspection Aut | opsy X one | that on this | bosis, deoth In n | ny opinian | | |
| resu | Ited from: Notural se | uses A | ccident X Suicide | Homici | de U | ndetermined mann | er 🗌 | | |
| | 1/1/ | 2 | 5 () | CHIEF M | EDICAL EXA | MINER - | | DATE GIO | NED |
| SIGNAT | | Myll | while was | ASSISTANT M | EDICAL EXA | AMINER X | | DATE SIG | NED |
| EXAMI | NER'S Pudiger | Breiten | ecker, M.D. | ASSOCIATE M | | permana | 4- | 2-66 | |
| 23A. BURIAL CR | | / 230 | NAME OF CEMETERY O | CREMATORY | 23 D. LO | CATION (City, | town, or co | ounty) (| Stote) |
| Bysis 24A, DATE REC'D | BY HEALTH DEPT. | 124B, NAME | Mr. Calany OF REGISTRAR | Cemeter. | of DIRECTOR | . a. Cru | nty | DDRESS | |
| APR | 4 15 16 16 16 | 10 Z | 2. Ocupan | mili | ton & | Elielesa | n 11: | 2971.6 | undi |
| VS 151-REV. 1/1 | /65 | | | 0 0 0 | 1 1 | | 77 | 7 | |



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VS 150-REV. 1/1/65

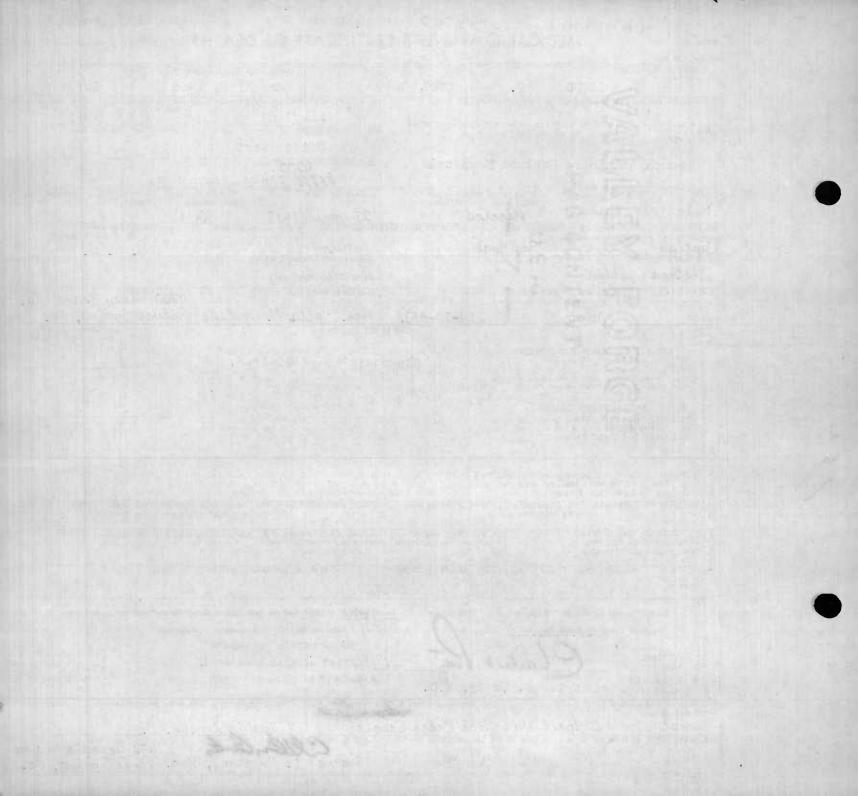
BALTIMORE CITY HEALTH DEPARTMENT

Acres to sample A BALTIMORE CITY HEALTH DEPARTMENT

1949 Wynbrook Page Sant fully me : - From 163.

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

| A E CASE NO | ,,,,,, | | ., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 0, 1, 1 | | | |
|------------------------------------|--|-------------------|---|------------------------------|---|---|---|---|
| NAME OF DE | CEASED | | | | 2. DATE | AND HOUR PRO | NOUNCED DEA | D |
| Type or Print) | BRUNO | F. | OZOLINS | | | ch 30, 1 | | 10:30 P. |
| PLACE IN SALT | IMORE MARYLAND, V | | | 4. USUAI | RESIDENCE (Whe | | ed. If institution: r | esidence before odmissio |
| | | | | A. STATE | Maryland | | B. COUNTY | Manuel |
| ULL NAME OF | (IF NOT IN HOSPI' | AL OR INSTIT | UTION, GIVE STREET | C. CITY | 2 | | mits, write RURAL | ond give township) |
| NOITUTION | | | | | Silver S | nring | | G. Sant H |
| South | Baltimore G | oneral I | loenital | D. STREE | ADDRESS OF TU | | 1 | WW CO |
| South | barrimore G | cherar i | IOSPILAI | D. STREE | | | | |
| . SEX | 6. RACE | 7 AA A PRIED | NEVER MARRIED | 8. DATE C | | ey Branc | | der 1 Yr. If Under 24 H |
| Male | White | | DIVORCED (specify) | or BATE | | 9. AGE (| doyl Month | Doys Hours Min. |
| | | Marr | | 23 A | pril 1913 | 90 | 1 52 | |
| | JPATION (Give kind of wo working life, even if retired) | | F BUSINESS OR INDUSTR | Y 11. SIRTHI | LACE (State or to | eign country) | | TIZEN OF HAT COUNTRY? |
| aptian | | Jug Boo | at | Late. | ia | | u. | S. A. |
| FATHER'S NAM | | | | 14. MOTH | ER'S MAIDEN NA | WE | | |
| Peters | Ozolins | | | Anna | (Unknown) | | | |
| | D EVER IN U.S. ARME | | 16. SO CIAL SECURITY NO. | 17. INFOR | MANT | | 9200 APPR | ney Branch R |
| 4.4 | Al | es of setalce | | M | 11-1+- M | 21. | | Spring, Md. |
| No. 18. | None | | 214-30-6138 | | | Uzouns | swer. | INTERVAL BETWEEN |
| 4 | 6 / 1 | | CAUS | E OF DEA | in . | | | ONSET AND DEATH |
| | NG CONDITION LAST. II NIFICANT CONDITIONS | CONTRIBUTI | | | *************************************** | *************************************** | *************************************** | |
| TO THE | R CONDITION CAUSIN | | THE | | | | | *************************************** |
| OTHER SIG TO THE DISEASE O | | NDITION FOR | WHICH OPERATION | 20A. Al | Yes or N | | WERE FINDINGS NG CAUSES OF | |
| UNDERLYING | CAUSE WAS OR CONTRIB- SE OF DEATH. | 21 B. hometc.) | PLACE OF INJURY (e.g., e, form, foctory, street, | in or about office bldg., | 21 C. WHERE DID | (If in Boltimor | e City, give exoc | |
| 21D TIME OF INJURY (APPROX.) | (Month) (Doy) (Ye | | WHILE AT NOT WORK AT V | WHILE | 21F. HOW DID IN | IJURY OCCUR? | | |
| 22. | tify that I held an | Ingulry 🗍 | Inspection Au | tapsy | and that an | this basis, de | eath In my opin | lan |
| | | | Accident Sulcid | | lomicide 🗌 | • | | |
| resul | ted fram: Natural co | / | 301616 | | | _ | ed manner 🔲 | |
| ACTUA | | / | 1/- | | EF MEDICAL | - | | DATE SIGNED |
| SIGNAT | | hace ! | 1 dly M.D | | NT MEDICAL | | | 3/31/66 |
| EXAMIN NAME (| | s S. Pet | ty, M.D. | ASSOCIA | ATE MEDICAL | EXAMINER | | 3/31/00 |
| A. BURIAL CRE | MATION, 23B. DATE | | C. NAME OF CEME EIE | - CREASAT | O RY 23 D | LOCATION | (City, town, o | or county) (Stote) |
| EMOVAL (Specify | - 1 | 1 1066 1 | Pack Crack C. | | let. | | 20 | |
| Burial | BY HEALTH DEPT. | | Rock Creek Cen | | FUNERAL DIRECT | shington | r, D. C. | ADDRESS |
| ADD | | 40.00 | _ | 240. | C XIII | Carty | 8434 | Georgia Ave |
| APK | 1933 (20 | 0 - 4. | Chen Mill | Wa | rner E. Pi | unphrey. | Inc. Sil | er Spring, M |
| /S 151-REV. 1/1/ | 65 | | | | | | 5.000 | |



MINION OF THE DISHLESS OF HEART THE SERVICE OF THE

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29 32 - EVIA

Wind () Then ho

CHERRY MAKE + KT. F. T.

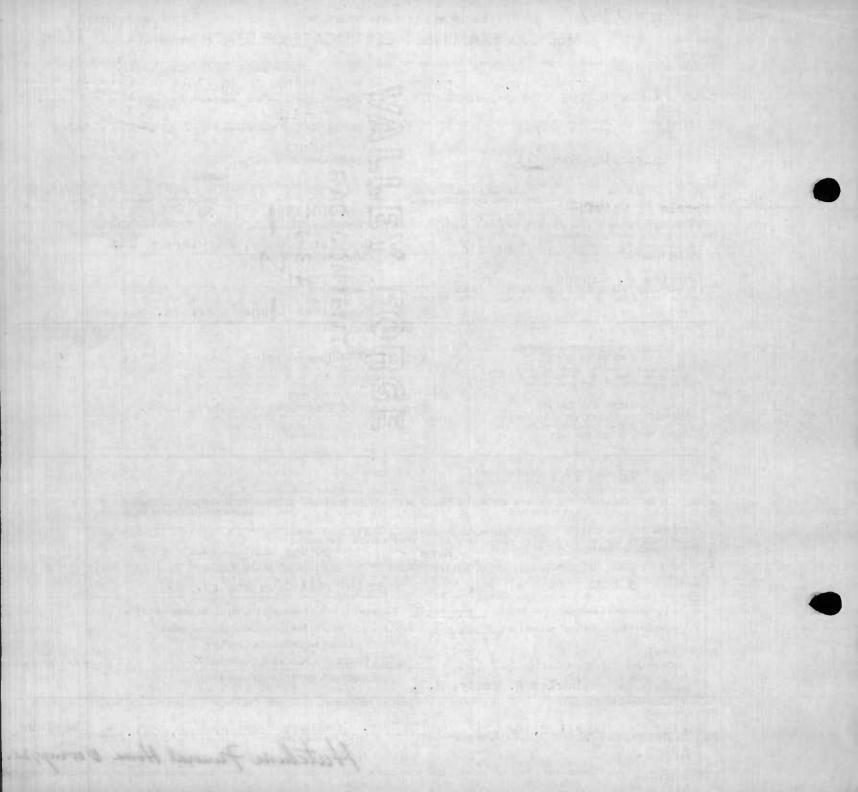
66 13387

BIRTH NO.

VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

| A.E. CASE NO. | | | | | | | |
|---|--|--|---------------------|--|---|--|---------------|
| NAME OF DECEASED Type or Print) HELEN | P. | LYONS | | March | 30, 1966 | 9:45 | P |
| PLACE IN BALTIMORE, MARYLAND, W | | | IIA CTATE | | | itution: residence before oc | _ N |
| ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCANSTITUTION | AL OR INSTITUTION | THON, GIVE STREET | C. CITY OR TO | WN (If outside | corporate limits, write | RURAL and give townshi | ip) |
| University Hospi | tal. | | | ings PRESS (If rurol, a | give location) | 700 | |
| SEX 6. RACE | | NEVER MARRIED DIVORCED (specily) | B. DATE OF BIR | тн | 9. AGE (In years lost hirthday) | If Under 1 Yr, If Under Months, Doys, Hours | 24 Hi Min. |
| Female White DA. USUAL OCCUPATION (Give kind of work | Marr | | Feb. 10 | • | 77.0 | 12. CITIZEN OF | |
| Housewife FATHER'S NAME | Domes | | | County | , Maryland | WHAT COUNTRY? USA | 7 |
| Julius B. Gibson | | | Cora Tr | ott | | | |
| S. WAS DECEASED EVER IN U.S. ARMED es, no or unknown) (If yes, give wor or dote No | | 16. SO CIAL SECURITY NO, | Hendric | ks Lyons | s Owings | , Maryland | |
| DISEASE OR CONDITION DIL LEADING TO DEATH (This does not meon the mode of heart foilure, osthenic, etc. It means injury or complication which coused of the country of the | dying, e.g., the disease, death.l S | DUE TO | 1 Cord Cor | O# 1 000 000 000 00 00 00 00 00 00 00 00 0 | ertebrae C3 | -4. | |
| OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON | ATED TO T | IG HE | | | | | |
| 19A. DATE OF OPERATION 19B. CON WAS PER! | | VHICH OPERATION | 20A. AUTOPS | | OB. IF YES, WERE FIN N CERTIFYING CAUS | DINGS CONSIDERED SES OF DEATH? | |
| 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. | 21 B. home etc.) | PLACE OF INJURY (e.g., form, foctory, street, Home | office bldg., INJUR | WHERE DID (III | in Boltimore City, giv | ve exoct location) | |
| OF INJURY (APPROX.) 3 26 66 | | HILE AT NOT AT V | | ow do nius | | | |
| 22. I certify that I held on Ir | | Inspection X Au | | d that on this | bosis, death In m | y apinlon | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charle | 41/ | Sulcident Sulcident M.C. | CHIEF A | EDICAL EXA | MINER 3 | DATE SIGN 3/31/66 | |
| A, BURIAL CREMATION, 23B. DATE | | NAME of CEMETERY | | 23 D. LO | | | tote) |
| Burial April 2 | | Il Saints C | hr. Ceme | | nderland, | Cal. Co Mary | 7la |



| BIRTH | CASE NO. | | MEDI | | | | | | | | | |
|------------------|--|--|--|---|--|--|--|--|--|---------------|---------------------------------|-------------|
| | | CEASED | | | | | 2. DATI | F AND H | HOUR PRONOUNG | CED DEAD | | |
| Туре | AME OF DEC | VIRO | GINIA | | THOMAS | S | | | 1, 1966 | ore brad | 10:25 | A |
| 3. PL | ACE IN BALT | IMORE MARYL | AND. W | HERE PRONC | OUNCED DEAD | H | 4. USUAL RESIDENCE (W | | | titution: res | | |
| | | | | | | | A. STATE | | B. CO | UNTY | dence belote de | 1111 3 3101 |
| | NAME OF | (IF NOT IN | HOSPITA | AL OR INSTIT | TUTION, GIVE STE | REET | Maryland | | omorate limits, writ | e RURAL c | and give townshi | n) |
| VST | TUTION | ADDRESS | OK LOCA | (IION) | | | | | orporoto mino, mi | 1 | _ / / | p, |
|) | / | | | | | | Baltimon | | | 0/ | 10 | |
| | 820 | 0 Wilber | t Str | est a | ve. | | D. STREET ADDRESS (If | - | | | | |
| | | | | | | | | bert | Street au | ei | | |
| SE | X | 6. RACE | | | DIVORCED (speci | | B. DATE OF BIRTH | | 9. AGE (In years last birthday) | | T Yr. If Under | |
| I | emale | Negro | | | ried | | may 16 191 | 19 | 46 | | | |
| | | | | 108 KIND C | OF BUSINESS OR I | N DU STRY | 1. BIRTHPLACE (State or | foreign c | ountry) | 12. CITIZ | | |
| ne 7/ | | working life, even | if retired) | Fr. | tonis | | 7110. | | | WHA | T COUNTRY? | |
| 4 | ATHER'S NAM | NE NE | | Unc | rang | 1 | 14. MOTHER'S MAIDEN N | NAME | | 61 | DIM. | |
| 7 | 1. | 1011- | 001 | | | | 711 21.1 | 4 | | | | |
| W | AS DECEASE | D EVER IN U.S. | ARMED | FORCEST | 16. SO CIAL | | 7. INFORMANT | ' | | ADDRES | e | |
| es, | no orunknown) | Of yes, give we | ar ar dote | s of service) | SECURITY NO | | - 0/ | | | | | |
| 6 | 200 | | | | Linkun | wy | Morris Thom | rues. | 82011/n | Olynt | ave, | |
| 1 | В | 74-X | | | | CAUSE | OF DEATH | | | | INTERVAL BET | |
| | DISEAS | SE OR CONDI | TION DI | DECTI V | | | | | | | ONSET AND | DEATH |
| | DISENS | LEADING TO | DEATH | NECTE! | 441 | Asp | hyxia | | | | | |
| - | (This does n | osthenia, etc. | made of | dying, e.g., | (A) | | | | | | | |
| | inium or com | | | the disease | DUE T | | | | | | | |
| | injury or con | mplication which | coused | the discose, death.) | , DUE T | | anging | ********** | | | | |
| | A DISEASES (| NTECENDENT OR CONDITIO | CAUSE NS, IF A | the discose, death.) S NY, GIVING | (B) | o ha | | | | | | |
| | DISEASES (| NTECEN DENT | CAUSE NS, IF A SE (A) ST | the discose, death.) S NY, GIVING | (B) | o ha | | | | | • | ••••• |
| 20 | DISEASES (| NTECENDENT OR CONDITIO E ABOVE CAU | CAUSE NS, IF A SE (A) ST | the discose, death.) S NY, GIVING | (B) | o ha | | | | | | |
| NO. | DISEASES (RISE TO THE UNDERLYIN | NTECENDENT OR CONDITIO E ABOVE CAU NG CONDITIO | CAUSE NS, IF A SE (A) ST N LAST. | the discose, death.) S NY, GIVING TATING THE | (B) | o ha | | | | | | |
| NO INC. | DISEASES OF RISE TO THE UNDERLYIN | NTECENDENT OR CONDITIO E ABOVE CAU NG CONDITIO | CAUSE NS, IF A SE (A) ST N LAST. | the discose, deoth.) S .NY, GIVING TATING THE | (B) | o ha | | | | | | • |
| | DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OR | NTECENDENT OR CONDITIO E ABOVE CAU NG CONDITIO II NIFICANT CON DEATH BUT R CONDITION | CAUSE NS, IF A SE (A) ST N LAST. DITIONS NOT REL | the discose, deoth,) S NY, GIVING TATING THE CONTRIBUT A TED TO IT. | (B) DUE (C) | ° ha | | | | | | |
| 1 | DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OR | NTECENDENT OR CONDITIO E ABOVE CAU IG CONDITIO II NIFICANT CON DEATH BUT R CONDITION OPERATION | CAUSE NS, IF A SE (A) ST N LAST. DITIONS NOT REL CAUSING 9B, CON | the discose, deoth,) S NY, GIVING TATING THE CONTRIBUT ATED TO: II. DITTON FOR | (B) | ° ha | | | | | | |
| 1 | DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OR 9A. DATE OF | NTECENDENT OR CONDITIO E ABOVE CAU NG CONDITIO II NIFICANT CON DEATH BUT R CONDITION OPERATION | CAUSE NS, IF A SE (A) ST N LAST. DITIONS NOT REL CAUSING 9B, CON WAS PERF | the discose, deoth,) S NY, GIVING TATING THE CONTRIBUT ATED TO: II. DITTON FOR | (B) DUE (C) | ° ha | anging | | IF YES, WERE FI CERTIFYING CAU | | | |
| 1 | OTHER SIGN TO THE DISEASE OR PA. DATE OF | NTECENDENTO OR CONDITIO E ABOVE CAU NG CONDITIO II NIFICANT CON DEATH BUT R CONDITION OPERATION I CAUSE WAS | CAUSE NS, IF A SE (A) ST N LAST. DITIONS NOT REL CAUSING 9B, CON WAS PERF | the discose, deoth,) S NY, GIVING TATING THE CONTRIBUT ATED TO IT. DITION FOR CORMED | (C) ING THE WHICH OPERATI | ON RY (e.g., in | 20A. AUTOPSY? (Yes or NO or obout 21C. WHERE D | IN OLD (If in | CERTIFYING CAU | SES OF DE | ATH? | |
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VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

Dorsey, Maryland

JOHN J. DUDA, Dumdalk, Md. 21222

The state of the s The state of the second of the SESSE THE STELL SHARE SESSES

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.

1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 10:45 P M PAULA MARSH March 29, 1966 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RU,RAL and give township) Baltimore

CITY HOSPITAL - DOA

D. STREET ADDRESS (If rurol, give location) 1013 S East Ave.

If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) Single Oct. 13- 1958 Female White 10A, USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF done during most (working life, even if retired) WHAT COUNTRY? Maryland 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Earl Marsh Sr. Anna Merez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 7. INFORMANT SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) No No None

Father. Mr. Earl Marsh Sr. #4,a,b,c,d.

ADDRESS

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Asphyxia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) carbon monoxide poisoning ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED

CERTII 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED MEDICAL 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-

IN CERTIFYING CAUSES OF DEATH? no 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR?

UTING CAUSE OF DEATH. home 21D TIME 21E INJURY OCCURRED OF INJURY (APPROX.)

1013 S. East Ave. 21F. HOW DID INJURY OCCUR?

23D. LOCATION

10:26 P m. WHILE AT NOT WHILE 3-29-66 Cought in house fire Inspection X I certify that I held an Inquiry Autopsy and that on this bosis, death in my opinion

resulted fram: Notural causes Accident X Suicide Homicide

Undetermined monner CHIEF MEDICAL EXAMINER

ACTUAL SIGNATURE EXAMINER'S

24B, NAME OF REGISTRAR

M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

3-30-66

DATE SIGNED

Rudiger Breitenecker, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY

> April 4-1966 Baltimore National

Catonsville, Maryland 24C. FUNERAL DIRECTOR

JOHN J. DUDA. Baltimore. Maryland 21224

REMOVAL (Specify) Burial

(Stote)

PARTIE NO. 10

VS 151-REV. 1/1/65

W-620

| BIRT | H NO. | MED | DICAL EX | CAMINER'S C | ERTIFICA | TE OF [| DEATH Registe | red No | |
|---------------|------------------------------------|---|------------------|---|----------------------------------|------------------|---------------------------------|-------------------------------|--------------------------------|
| | CASE NO. | | | | | | | | |
| (Ty | name of DEC | | | | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| 2 8 | LACE IN RAIT | ANNA MARSH | WHERE BRONOL | INCED DEAD | March 29, 1966 10:45 | | | | |
| 119 | | | | | A. STATE Maryland B. COUNTY | | | | |
| HO | L NAME OF SPITAL OR TITUTION | ADDRESS OR LOC | ATION) | JTION, GIVE STREET | C. CITY OR TO | WN (If outside | e corporate limits, write | RURAL ond giv | re township) |
| 11/4 2 | ITOTION | | | | Ва | altimore | | 06-1 | 1 |
| | CITY | Y HOSPITAL - | DOA | | D. STREET ADD | | give locotion) ast Ave. | | |
| 5. S | emale | 6. RACE White | | NEVER MARRIED DIVORCED (specify) | 8. DATE OF BIRT | | 9. AGE (In years lost birthdoy) | If Under 1 Yr. Months Doys | If Under 24 Hrs. Hours Min. |
| | | PATION (Give kind of wo vorking life, even if retired Housew: | | BUSINESS OR INDUSTR | | (State or foreig | | 12. CITIZEN O WHAT CO | UNTRY? |
| 13.1 | ATHER'S NAM | E | | | 14. MOTHER'S A | | | | |
| | | John W. Mon | roz | | | Mary S | Swec | | |
| | | D EVER IN U.S. ARME | | 16. SO CIAL | 17. INFORMANT | | | ADDRESS | |
| (Yes | No or unknown) | (If yes, give wor or do | ites of service) | SECURITY NO. 220-12-5937 | Hisband. | Mr. Ray | rl Marsh Sr. | # 4.8.6 | acada. |
| | 1B. — | 110 | | | OF DEATH | | | | RVAL BETWEEN |
| | 27 | 1614 | | CAGO | . Or Beatin | | | ONS | ET AND DEATH |
| | DISEAS | E OR CONDITION DEAT | | (A) Asphyx | ia | | | | |
| | (This does n | ot meon the mode of osthenio, etc. It meon | of dying, e.g., | 0115 70 | rbon mond | oxide no | isoning | | ••••••• |
| | injury or con | nplication which coused | d deoth.) | | L D O II III O II O | Jac po | 10011110 | | |
| | A | NTECENDENT CAUS | SES | | | | | | |
| | | OR CONDITIONS, IF | | DUE TO | | ••••• | | | |
| | | G CONDITION LAST | | | | | | | |
| S | | | | (C) | | ••••••••• | | | ****************** |
| A | OTHER SICK | II NIFICANT CONDITION | CONTRIBILITIE | NG. | | | | 100 | |
| E S | TO THE | DEATH BUT NOT R | RELATED TO T | | | | | | |
| CERTIFICATION | | OPERATION 198. CO | | WHICH OPERATION | | _ | 208, IF YES, WERE FILL | NDINGS CONSI SES OF DEATH? | DERED |
| 1 | 21 A EXTERNAL | L CAUSE WAS | 123.0 | BLACE OF INITIDY | | NHERE DID | (II in Baltiman City at | Innation | |
| O | UNDERLYING DE CAU | OR CONTRIB- | home etc.) | PLACE OF INJURY (e.g., form, foctory, street, | office bldg., INJUI | RY OCCUR? | in the boltimore City, gi | ve exoct loconor | |
| _ | | | | home | | | East Ave. | OR I | 6-11 |
| - | OF INJURY | (Month) (Doy) (Ye | | 1E. INJURY OCCURRED | | IOW DID INJU | JRY OCCUR? | | |
| | (APPROX.) | 3-29-66 1 | 0:26 Pm. | VHILE AT NOT | WHILE X | Cought | in house fi | re | |
| | 22. cert | ify that I held an | Inquiry | Inspection X Au | tapsy ar | nd that on thi | is basis, death in n | my apinian | |
| | resul | ted fram: Natural c | auses A | suicident Suicid | e Hamic | ide 🗌 👢 | Indetermined mann | er 🗌 | |
| | | 1/11 | Ju To | 1/ | CHIEF | MEDICAL EX | AMINER _ | 0 | TE CICNED |
| | SIGNAT | | Most | 11/1 40 | ASSISTANT A | MEDICAL EX | AMINER X | | ATE SIGNED |
| | EXAMIN | ER'S | J-000 | | ASSOCIATE | | | 3-30- | - 66 |
| | NAME (| Type) Rudige | | necker, M.D. | | | | | |
| | OVAL (Specify | | 23 | C. NAME of CEMETERY | CREMATORY | 23 D. L | OCATION (City, | , town, or county |) (Stote) |
| 1 | Burial | April | L 4-1966 | Baltimore No | ational | Ca | tonsville, | Maryland | |
| | | BY HEALTH DEPT. | | OF REGISTRAR | | RAL DIRECTOR | | ADDR | ESS |
| | APR 5 | 1993 () | TE, Jan | Pey Mills | JOHN | J. DUDA, | , Baltimore, | Marylar | d 21224 |

0.516 Line Committee and the state of

| 0 600 | M.E. CASE NO. 1. NAME OF DE (Type or Print) | | | X 10 10 10 10 10 10 10 10 10 10 10 10 10 | 2. DATE AND HOUR PRONOUNCED DEAD | | |
|-------|---|--|---|--|----------------------------------|--|---|
| | | | ERRONG | | | March 26,1966 | 5:15 P. |
| | | TIMORE MARYLAND, V | | | 4. USUAL RESID | PENCE (Where deceased lived. If ins B. CO | stitution: residence before odmission) UNTY |
| | FULL NAME OF HOSPITAL OR INSTITUTION | ADDRESS OR LOC | ATION) | UTION, GIVE STREET | C. CITY OR TO | wn (If outside corporate limits, with importer corporate limits) | te RURAL and give township) |
| 34 | Bon Seco | our Hospital | | | D. STREET ADD | W. Cross Street | |
| | 5. SEX Male | White | WIDO WED, | NEVER MARRIED DIVORCED(specify) Married | B. DATE OF BIRT | lost birthday) | II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. |
| | | UPATION (Give kind of working life, even if retired) | | F BUSINESS OR INDUSTR | | (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| | | ng Dept. | Monton | erg Ward | North | | U. S. A. |
| | | Berrong | | | Ollie C | | |
| | 15. WAS DECEAS | ED EVER IN U.S. ARME | D FORCES? es of service) | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | Yes | Army Wil | | 237-26-5332 | Mrs. 0 | llie Clark Berrong | HayesVille N. C. |
| | CTHE SIGN TO THE DISEASE OF THE UN DERLY! OTHER SIGN TO THE DISEASE OF THE UN DERLY! OTHER SIGN TO THE DISEASE OF THE UN DISEASE OF THE | CAUSE WAS | H I dying, e.g., s the discose, deoth.) ES ANY, GIVING ITATING THE CONTRIBUTI ELATED TO TO G IT. NOTION FOR REFORMED | (B) DUE TO (C) | 20A, AUTORY | (Yes or No) 208. IF YES, WERE FIN CERTIFYING CAU | INDINGS CONSIDERED Yes |
| | | NER'S Werner | Inquiry [| Inspection Au Accident Suicid | topsy and topsy CHIEF M | EDICAL EXAMINER | |
| | 23A. BURIAL CRE REMOVAL (Specification of the control of the contr | MATION, 238. DATE | | Hayesville | Meth Chur 24C. FUNER | 23D. LOCATION (City Ch. Com. Hayesville AL DIRECTOR | Ma Da |

* 500 in freel mertanying comment stop . Control of the Control

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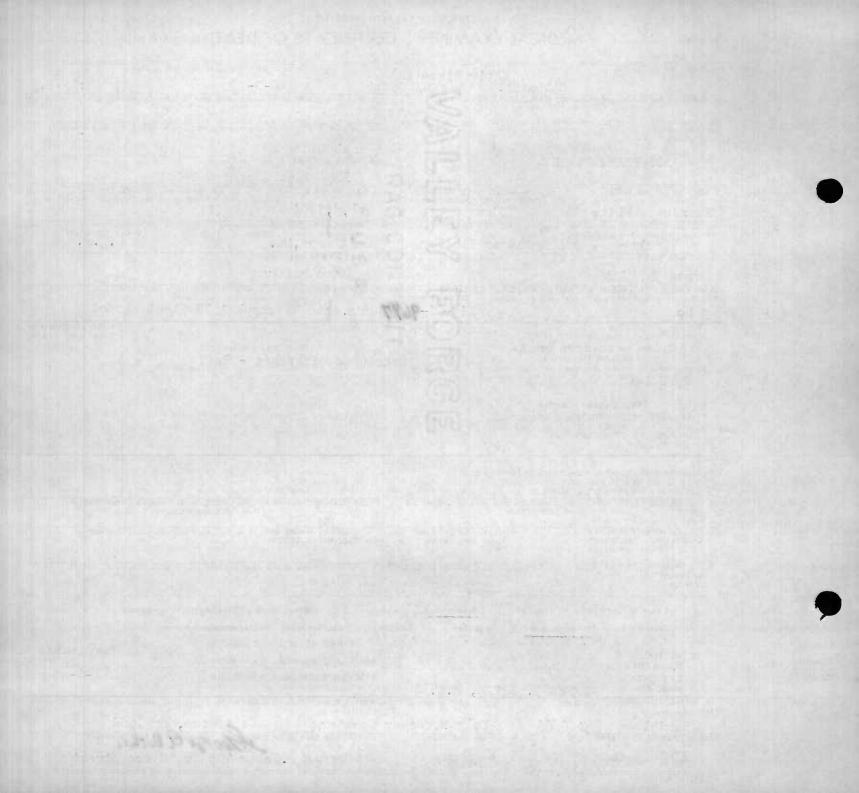
| 79 | IRTH NO. 66 03395 CERTIFICATE OF DEATH Registered No. 03395 | 205 |
|--------------------------------------|--|---|
| 76675 | RTH NO. ALE CASE NO. NAME OF DECEASED 2, DATE AND HOUR OF DEATH | 333 |
| | Type or Print) Haugaret E. Salter. 3131/66 PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: B. COUNTY | residence before odmission |
| use; (5) De rendance r to deat | FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL or institution) | |
| | BALT. CITY HOSPITAL D. STREET ADDRESS "(If rurol, give locotion) KAV. 4940 EASTERN AVENUE #21224 8245 OND PURCHASED | ANAUGH RI |
| sed mad | SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years windowed), DIVORCED (specify) 1-18-24 1.3 | er 1 Yr. If Under 24 H Doys Hours Min. |
| | OA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foleign country) " 12. CI" Will Will Will Will Will Will Will Wil | TIZEN OF HAT COUNTRY? |
| 1 | JAMES SUNDERLAND NELLIE TUCKER. | |
| 1 | S. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 18. SOCIAL 17. INFORMANT 18. SOCIAL 18. SOCIAL 19. COMMANN | ADDRESS PHILADELPHIA RI |
| - | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DUE TO DUE TO | INTERVAL BETWEEN ONSET AND DEATH |
| mbalme | (A). CARGING ME. T VIIX. SHOWN AND THE MEAN THE MEAN TO THE TO TH | Zyn, |
| | ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tast. | |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | -12.04 |
| | 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF NO 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in 80ltimore City, or obout 21C. WHERE DID) | S CONSIDERED DEATH? |
| | OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? | ve exact location) |
| | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work | |
| | 22. I certify that (this hospital) attended the deceased fram 9 7 19 65 ta 3 5 that (we) last saw the deceased alive an 29 19 65 and that in(my) (aur) apinian de and haur and fram the causes stated above. (I) (We) (we) view the bady after death. | |
| ral must | 23A, SIGNATURE 23B, D/ | ATE SIGNED |
| approv | NAME (Type) A.T. MURDOCK M.D. BALT. CITY HOSP. | |
| 2 | SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR. 256. HOWERAL DIRECTOR ACTION (City, 10 wn. | MA. (Stote |
| deceased written a | APR 5 1986 (20 5 2 Fallerta SBRobinson | |



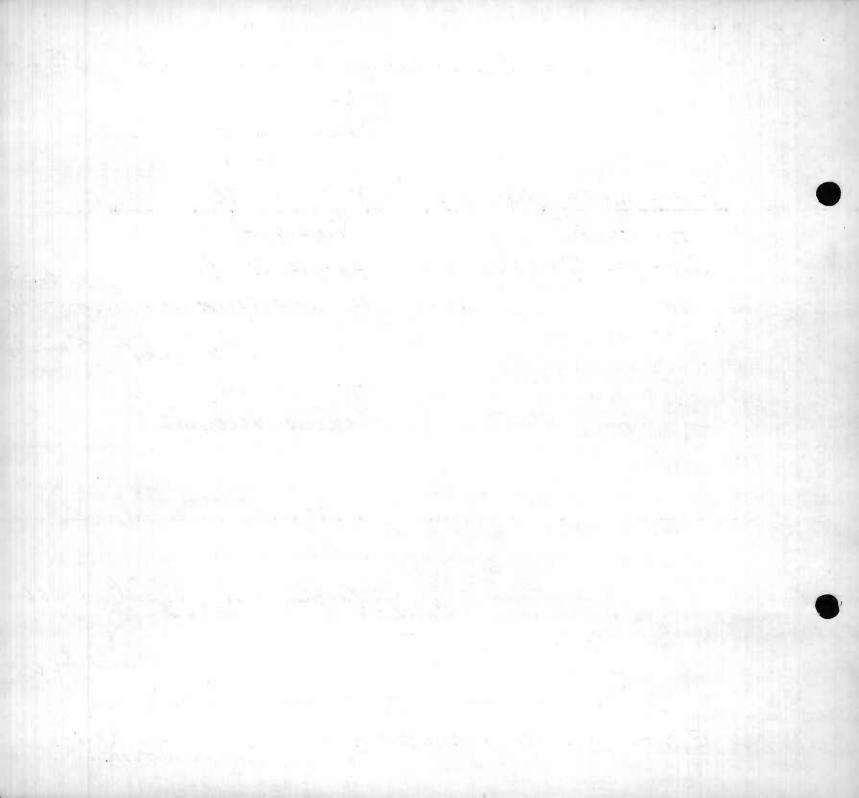
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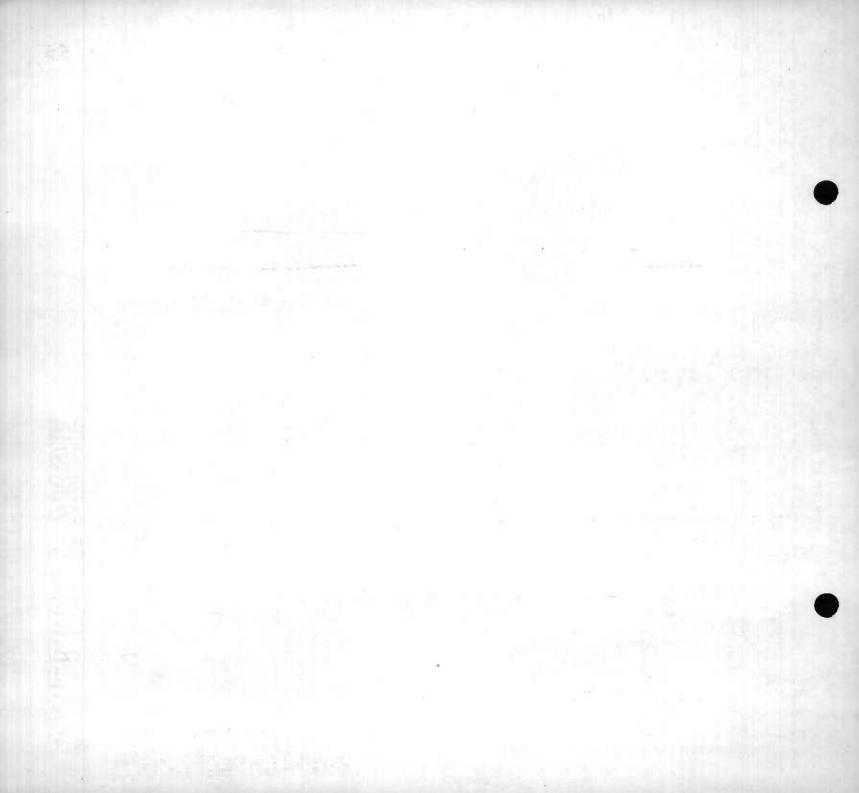
| 3. FLACE IN BALIMARE, MARKEAND, WHERE FRONGUNCED DEAD WILL NAME OF OF THE PROPERTY OF THE PRO | BIRTH NO. | JICAL EXAMINER | S CERTIFICATE (| JF DEATH Registe | ered Na. |
|--|--|--|--|-------------------------------------|--|
| CATHERINE CATHORDA 3. PLACE IN BALTIMORE, MARTLAND, WHER FRONDINGED DEAD WILL NAME OF THE FORM OF THE PROPERTY OF THE PROPETTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPET | | | | | |
| 3. FLACE IN BALTIMORE, MARKETAND, WHERE FRONQUNCED DEAD WILL NAME OF UP TO IN MOSPITAL OR INSTITUTION, GIVE STREET 15.32 FLEET STREET 15.34 ARRIED, NIVE MARKED, WILLIAM OF BUSINESS OR INDUSTRY IN BETHELACT State or foreign country of both bindicely on the bindicely of which is bindicely for the bindicely on the bin | (Type or Print) | (Katie Cincott | ca) | | 7:55 P.M |
| 1.532 FLEET STREET D. STREET ADDRESS (if ured, give locotion) 1.532 Fleet Street 21231 | FULL NAME OF (IF NOT IN HOSI HOSPITAL OR ADDRESS OR LO | PITAL OR INSTITUTION, GIVE STREE | Maryland C. CITY OR TOWN (III | B. CO | Hitution: residence before admission UNTY |
| S. SER C. RACE M. MARRIED, NEVER MARRIED D. DATE OF BRTH P. AGE Un years Months; Days Months; Days | 1532 FLEET STREE | T | D. STREET ADDRESS | | 1 |
| done during most of working life, even if retired. Parzer Pickles Baltimore, Md. Parzer Pickles Baltimore, Md. Parzer Pickles Baltimore, Md. I. MOTHER'S MADIEN NAME Fred Schmidt Schmi | | WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthdoy) | If Under 1 Yr, If Under 24 Hr Months, Doys, Hours, Min. |
| Ama Hoffman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. Anna Miszczuk 1532 Fleet Street 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. DISEASE OR CONDITION DIRECTLY 19. LEADING TO DEATH 19. Carcinoma of breast - left 19. Carcinoma of breast - left 19. Carcinoma of breast - left 19. DISEASE OR CONDITION S, IF ANY, GIVING 19. SIST TO THE ABOVE CAUSE (A) STATING THE 19. DISEASE OR CONDITION S, IF ANY, GIVING 19. SIST TO THE ABOVE CAUSE (A) STATING THE 19. DISEASE OR CONDITION CAUSING IT. 19. DATE OF OPERATION 19. CALVER SIGNIFICANT CONDITIONS CONTRIBUTING 10. THE DEATH BUT NOT RELATED TO THE 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CAUSE OF DEATH 21. STERNAL CAUSE WAS DECEASED. 21. DATE OF OPERATION 21. CAUSE OF DEATH 21. CALVER DISEASE OR CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No.) POR. IF YES, WERE FINDINGS CONSIDERED 21. CAUSE OF DEATH 21. CAUSE OF DEATH 21. DATE OF OPERATION 21. CAUSE OF DEATH 21. DATE OF OPERATION 22. I certify that I held an Inquiry MORK 22. I certify that I held an Inquiry MORK 22. I certify that I held an Inquiry MORK 22. I certify that I held an Inquiry MORK 22. I certify that I held an Inquiry MORK 22. NAME (Type) 23. BURIAL CREMAINON, 238 DATE 236. NAME of CEMETERY or CREMATORY 230. LOCATION 231. NAME (Type) 232. NAME (Type) 233. NAME (Type) 234. NAME (Type) 235. NAME (Type) 236. NAME of CEMETERY or CREMATORY 230. LOCATION 231. NAME OF CEMETERY or CREMATORY 230. LOCATION 231. NAME OF CEMETERY or CREMATORY 230. LOCATION 231. NAME OF CEMETERY or CREMATORY 231. LOCATION 232. NAME OF CEMETERY or CREMATORY 232. LOCATION 233. NAME of CEMETERY or CREMATORY 232. LOCATION 234. DUTCH 235. NAME OF CEMETERY or CREMATORY 235. LOCATION 236. DATE 236. NAME OF CEMETERY or CREMATORY 235. LOCATION 236. DATE 236. NAME OF CEMETERY or CREMATORY 235. LOCATION 236. DATE 236. NAME OF CEMETERY or CREMATORY 235. LOCATION 236. DATE 236. NAME OF CEMETERY or CREMATORY 235. LOCATION 236. DATE 236. NAME OF CEMETERY 237. NOT WHERE D | done during most of working life, even if retire Packer | 4) | Baltimore, M | d. | 12. CITIZEN OF WHAT COUNTRY? |
| NO | | | | | |
| CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, ostenic, etc. It means the disease, injury or compilication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19S. CONDITION FOR WHICH OPERATION 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING 19D. DATE OF OPERATION 21B. FLACE OF INJURY (e.g., in or obout] 21C, WHERE DID (If in Boltimore City, give exect location) WAS PERFORMED 21D TIME CAUSE OF DEATH (A) Carcinoma of breast - left DUE TO DUE TO (B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CONDITIONS CONTRIBUTING 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING 19A. DATE OF OPERATION 21B. FLACE OF INJURY (e.g., in or obout] 21C, WHERE DID (If in Boltimore City, give exect location) IN CERTIFYING CAUSES OF DEATH. 21D TIME (Month) (Day) (Yeof) (Hour) 21E, INJURY OCCURRED OF INJURY OCCUR? OF INJURY (APPROX.) 22L I certify that I held an Inquiry InspectionXX Autopsy and that on this basis, death In my apinian resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE WERNER U. SPITZ M.D. 23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY or CREMATORY 23D, LOCATION (City, Iown, or county) (Storemony) (| (Yes, no or unknown) (If yes, give wor or d | otes of service) SECURITY NO. | The second secon | 070711c 1530 Fla | |
| 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, form, foctory, sheet, office bidg. INJURY OCCUR? 21E. INJURY OCCUR? WHILE AT NOT WHILE OR AT WORK AT WORK NOT WHILE AT NOT WHILE OR AT WORK AT WORK AT WORK CHIEF MEDICAL EXAMINER OR ASSISTANT MEDICAL EXAMINER OF ASSISTANT MEDICAL EXAMINER OR ASSOCIATE MEDICAL EXAMINER OF ASSOCIATE MEDICAL EXAMINER OR ASSOCIATE MEDICAL EXAMINER OR ASSOCIATE MEDICAL EXAMINER OR ASSOCIATE MEDICAL EXAMINER OF ASSOCIATE MEDI | DISEASE OR CONDITION LEADING TO DEA (This does not meon the mode heart foilure, asthenia, etc. It mei injury or complication which cause ANTECENDENT CAL DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 108B. C. | DIRECTLY TH of dying, e.g., ons the discose, d deoth.) ISES ANY, GIVING STATING THE T. (C) AS CONTRIBUTING RELATED TO THE NG IT. DONDITION FOR WHICH OPERATION | Carcinoma of bre | or Nol 20B. IF YES, WERE FI | INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH |
| OF INJURY (APPROX.) Certify that I held an Inquiry Inspection Not while AT work | ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- | home, form, foctory, st | (e.g., in or about 21C. WHERE | DID (If in Boltimore City, g UR? | give exact location) |
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| 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Sto | ACTUAL SIGNATURE EXAMINER'S | Causes X Accident S | CHIEF MEDICA M.D. ASSISTANT MEDICA | Undetermined mann | DATE SIGNED |
| Burial 4/6/66 Holy Redeemer Cemetery Baltimore, Maryland 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR GOOGLE GUILLADDRESS | 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) | 23C. NAME of CEME | mer Cemetery | Baltimore, Ma | aryland |
| APR 5 1968 () 2 Falley A George A. Weber 705 South Ann Street | APR 5 1968 (1.0) | 1 8. FarleyMA | George A. | Weber 705 Sout | |



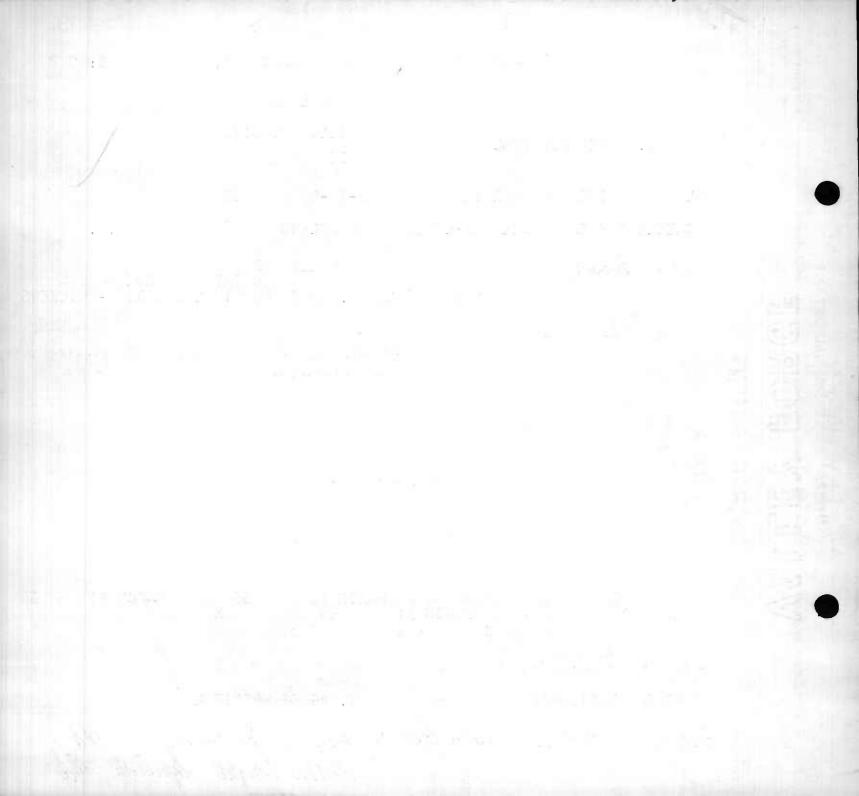
| | nn :: | HEALTH DEPARTMENT |
|----------|--|--|
| | CERTIFICA CASE NO. | TE OF DEATH Registered No. 6 13397 |
| , N | NELLIE C. LINA BUR | G APR. V, 1966 655 |
| . [| PLACE OF DEATH IN BALTIMORE, MARYLAND | A. STATE B. COUNTY B. COUNTY |
| | FULL NAME OF (If not in hospital or institution, give street oddress or location) | C. CITY OR TOWN (If outside city limits, write RURAL and give township) |
| | 5507 BOSWORTH AVE | BERRYVILLE V-43 |
|) | | D. STREET ADDRESS (If rurol, give location) |
| | 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) | 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 F Months; Doys Hours; Min. |
| 12 | WHALE WITTE MARRIED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF |
| | e during most of working life, even if retired) | WHAT COUNTRY? |
| 3. | AT HONE | 14. MOTHER'S MAIDEN NAME |
| | BUSHROD CARPENTER | HATTIE A ? |
| S. | Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of service) SECURITY NO. | 17. INFORMANT ADDRESS 1741 |
| 110 | NONE | MRS GRACE 11. LINA BURG. BOSWORTH |
| | 18. 33/XI CAUSE O | F DEATH INTERVAL BETWEEN ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | selver - royand anil f 5 min |
| | (This does not mean the mode of dying, e.g., OUE TO | Wall ff Wald for |
| | heost foiluse, ostherio, etc. It means the disease, injury or complication which coused death.) | Herresterain |
| | ANTECEDENT CAUSES (B) DUE TO | 1/20 |
| | DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) | Cerlerio - Schensus |
| | UNDERLYING CONDITION lost. | |
| N | 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| ATION | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| ERTIFIC, | 198. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? |
| CER | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, form, foctory, street, of | n or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) |
| CAL | DEATH (notify medical examiner) | |
| MEDI | 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? |
| 2 | (APPROX.) While At Not While At Work | 200 |
| | 22. I certify that (1) (this hospital) attended the deceased from | March 1966 to Clare 2 196 |
| | | 2 19 (aur) of inian death accurred on the |
| | ond hour and from the causes stated obove. (1) (We) (did) (did not) v | view the body ofter death. |
| | | ending Med. Stoff |
| | The state of the s | 23D. ADDRESS |
| | D.M. Lee J Volenicke | 4710 Liberly Als Ave |
| 24 | A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR | EMATORY 24D. LOCATION (City, town, or county) (Stot |
| | BURIAL 4-5-1460 SHENANDON | AHMEN, WINCHESTER, VA. |
| 25 | A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR | FC HIG IN 170THOM, ELLICOT FCT |
| 15 | 150-REV. 1/1/65 | FOR JONES ENERI DAME WINCHEST |
| 15 | 130-KEY. 1/1/03 | TONE TONE TO TONE |



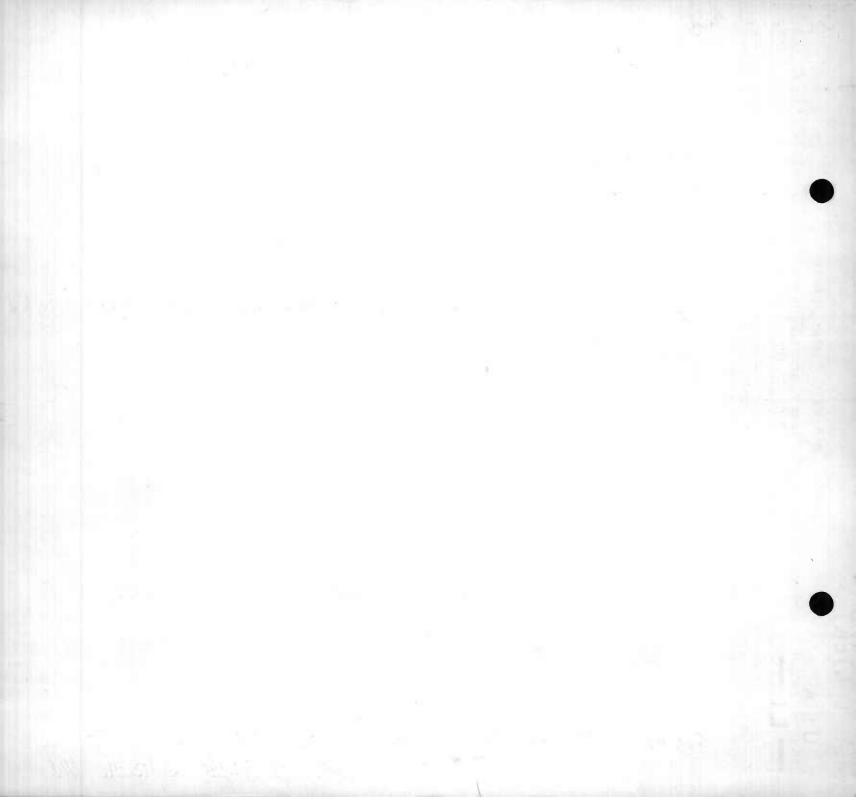
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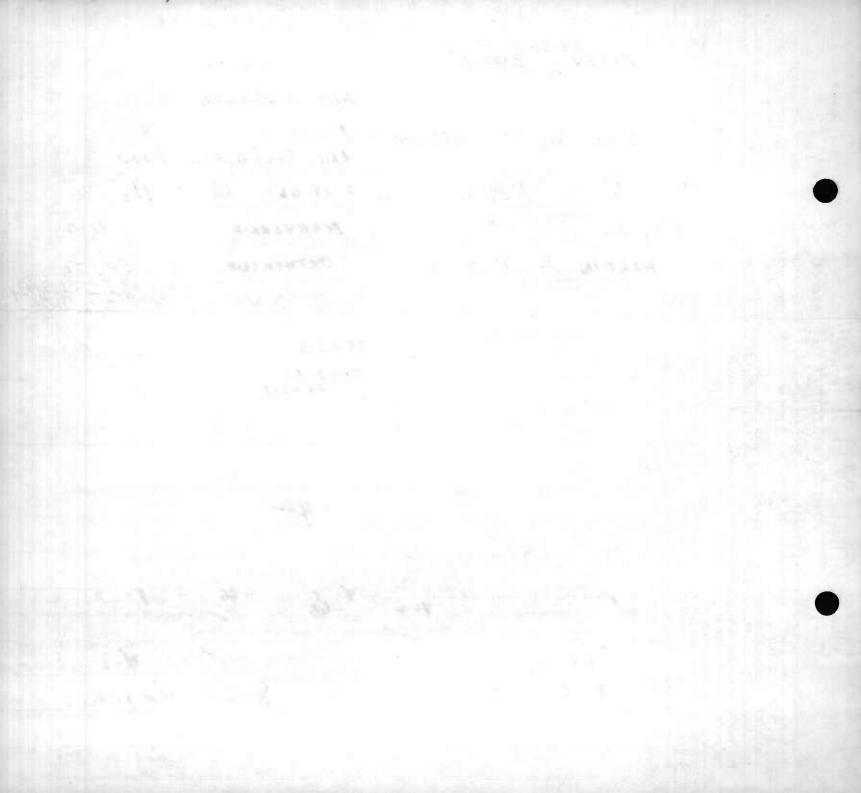


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| | CE STATE | TE OF DEATH Registered No.66 | 03400 |
|---|---|--|---|
| Such Such | AME OF DECEASED Dorothy F. O'Connor | 2. DATE, AND HOUR OF DEATH | 1934 1 |
| hospite use of (5) Dec dance dearth | FULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION | A. USUAL RESIDENCE (Where deceosed lived. If institute A. STATE B. COUNTY IT COUNTY C. CITY OR TOWN (If outside city limits, write RUR.) | ution: residence before admission) |
| cau att | Merey Hospital | D. STREET ADDRESS (If rural, give location) R+ 7 Box 361 | 56-00 |
| contribut contribut regular reased p | USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY adving most of working life, even if retired) | 2/23/17 49 | Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min. 2. CITIZEN OF WHAT COUNTRY? |
| Undo Undo us ir | EWMAN Book Phop (Saleswoman) FATHERS NAME | 14. MOTHERS MAIDEN NAME | 454 |
| 15. (Ye | Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 215-09-5807 | 17. INFORMANT MR. Edward O'Connor - | Suresville Mil |
| Also, if re of any nounced attendar | CAUSE O | stund Esophageal Vanies | ONSET AND DEATH |
| miner. fracture to pron | injury or complication which coused death.) ANTECEDENT CAUSES (B) Port | al hypertension | |
| s; (3) A ian whis in sare | DISEASES OR CONDITIONS, if ony, giving isse to the above couse (A) stating the UNDERLYING CONDITION last. | nnec'i Circhosis | c/+mos |
| ody burns; ody burns; sician was the remain | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | The state of the s | |
| 2) B. | 19A. DATE OF OPERATION WAS PERFORMED 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o | 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE n or obout 21C. WHERE DID (If in Boltimore Ci | ty, give exact location) |
| | DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) While At Not While | 21F. HOW DID INJURY OCCUR? | |
| of any natual (except h); and (6) be obtaine | 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on 3/25/66 | 3/6/66 19 to 3/6 | n deoth occurred on the date |
| ident chospite deatl | ond hour and from the causes stoted above. (1) (We) (did) (did not) v 23A. SIGNATURE Checker College (Man) M.D. Attr. Phy | riew the body after death. 23 anding Med. Staff | B. DATE SIGNED |
| was reliand An acci | 23C. PHYSICIAN'S NAME (Type) Chester C Collins Jr Mal) M.D. | Day Hoza | |
| D.O.D.O. | REMOVAL (Specify) 4-1-66 ARINGTON NAT DATE REC'D BY HEALTH DEPT. 24C. NAME of CEMETERY or CRI ARINGTON NAT 25B. NAME OF REGISTRAR | EMATORY 24D. LOCATION (City, 1) Lemetery Arlington 25C. FUNERAL DIRECTOR | town, or county) (Stote) |
| | APR 5 1368 (1.0. 15 & Failum) | Harry W. Haight Syk | esville Ind. |





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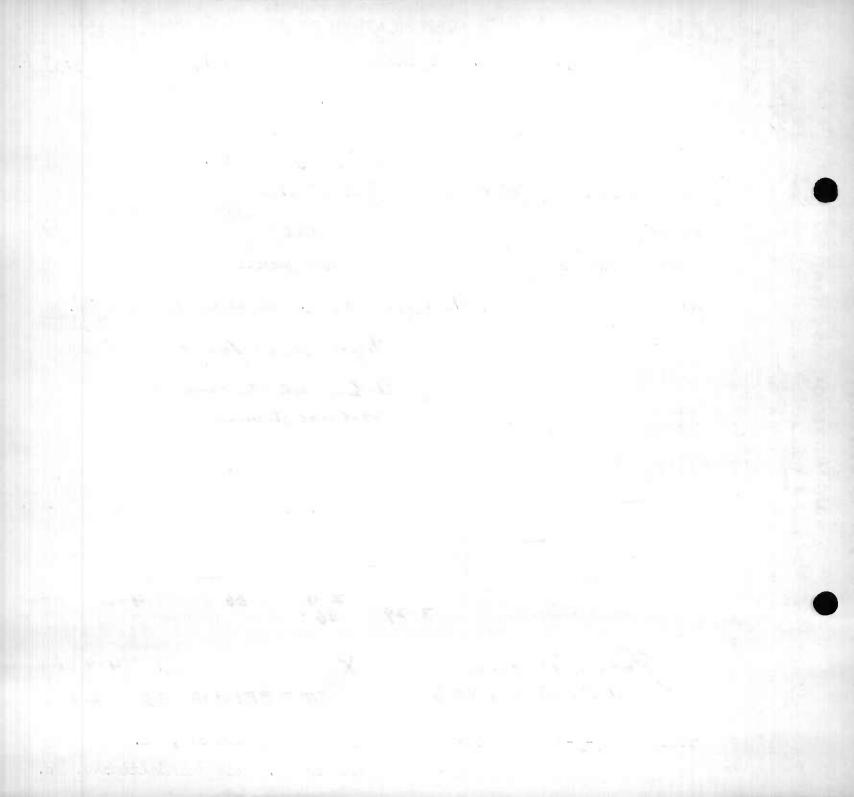
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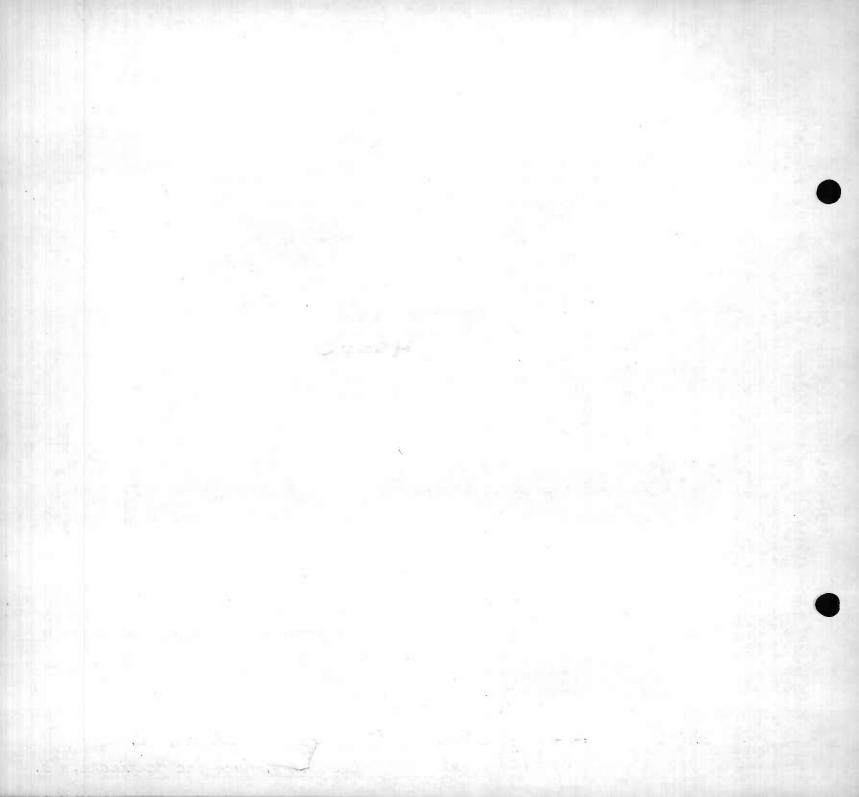
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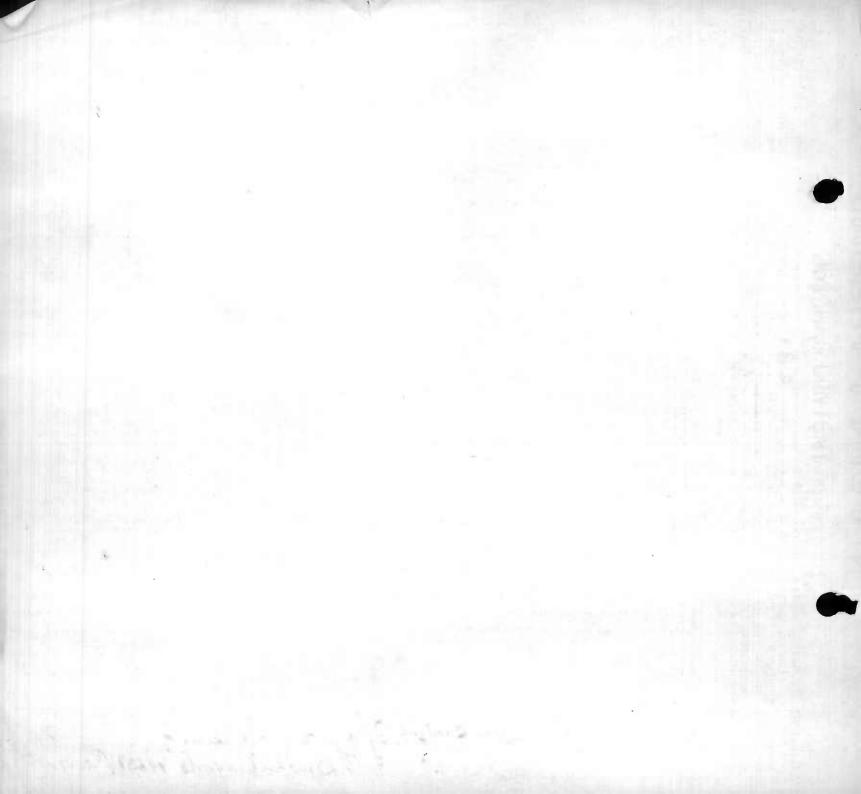
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| | the hospital by a medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the cause); and (6) No physician was in regular attendance on the deceased prior to death. Such | |
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| FUNERAL DIRECTOR: IMPORTANT | r. A rure rono | alm |
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| | cert bod) vs: (| ten |
| | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such | written approval must be obtained before the remains are embalmed or final disposition is made. |
| | + W > 0 | |

| | 66 03 | 4115 | ALTIMORE CITY | HEALTH DEPARTMENT | 1 | 66 03405 |
|-------------------------|--|------------------------------------|---|--|------------------------------------|---|
| IRTH NO. | 00 00 | 100 | ERTIFICA | TE OF DEATH | Registered No. | 70 (753:00) |
| A.E. CASE NO. | FASED | | | 2 DATE SA | D HOUR OF DEATH | |
| Type or Print) | Ł | Raill. | | | Excit 66 | 1235 A |
| . PLACE OF DE | PANCIS A. | Reilly | | 4. USUAL RESIDENCE (Whe | re deceosed lived. If in | nstitution; residence before admission. |
| | | ~ | | A, STATE B. COUN | | |
| FULL NAME O | OF (If not in hospital oddress or location | or instilution, give stre | et | A Section of the Control of the Cont | sellemone | |
| INSTITUTION | oddiess of locollo | | | - 4. | iside city limits, write- | RURA ond give township) |
| / mand | mel Denne | 1 Barrite | ا | D. STREET ADDRESS (If | rurol, give location) | 2 0 |
| a march | | 1.40 - 1.00 | MA TOTAL | | - 1 | |
| | 1/ | To account higher | 14 1 5015 5 | 1006 Wood | | - Ba |
| SEX | 6. RACE | 7. MARRIED, NEVER WIDOWED, DIVO | | | 9. AGE (In years lost birthdoy) | Months Doys Hours Min. |
| 0 | W | manuel | | 6-10-10 | 55 | |
| | UPATION (Give kind of wor working life, even if retired) | 108, KIND OF BUSINE | SS OR INDUSTRY | 11. BIRTHPLACE (Slote or forei | ign country) | 12. CITIZEN OF WHAT COUNTRY? |
| D. 1 | | Penna. | R.R. | Bulto, In | el. | U.S.A. |
| FATHER'S NA | ME | 101000 | | 14. MOTHER'S MAIDEN NA | | |
| TI | men - Reil | L | | Butha | China | |
| Une | | | | | Gring | 400000 |
| | Ever in U. S. Armed Fo | | CIAL CURITY NO. | 17. INFORMANT | | ADDRESS |
| izer | W W? 2 | | | Mary C. Reil | lu | same |
| 18. // | 0 11 | | CAUSE OF | | -6 | INTERVAL BETWEEN |
| DISEA | SE OR CONDITION DI | RECTLY | | | | ONSET AND DEATH |
| | LEADING TO DEATH | | WAS | avs. | | |
| | nal mean the mode of | | DUE TO | | | |
| | asthenio, etc. Il meons | | | | | |
| | ANTECEDENT CAUSES | | (B) | | | |
| DISEASES | OR CONDITIONS, if | | DUE TO | | | |
| | e obave cause (A) | | (C) | | | |
| UNDERLYIN | G CONDITION last. | | | | | |
| | e II | | | | | |
| | FICANT CONDITIONS (DEATH BUT NOT REL | | | | | |
| DISEASE OR | CONDITION CAUSING | IT | | 100 | 1 | |
| 19A. DATE O | OPERATION 198. CON | | OPERATION | 20 A. AUTOPSY? (Yes or No | IN CERTIFYING CA | FINDINGS CONSIDERED |
| 0 | | | | | | |
| OR CONTRIB | NT WAS UNDERLYING DITING CAUSE OF | 21B. PLACE home, form, | OF INJURY le.g., in foctory, street, of | fice bldg., INJURY OCCUR? | IIf in Boltimore | e City, give exact location) |
| | medical examiner) | etc.) | | | | |
| 21 D. TIME | (Month) (Doy) (Year) | (Hour) 21E. INJUR | OCCURRED | 21F. HOW DID INJ | URY OCCUR? | |
| OF INJURY | | While At | Not While | | | |
| TATTION, | | Work | At Work | | | |
| 22. 1 certify | that (1) (this hospita | l) attended the dece | osed from | much 31 | 19 66 to ay | poil 4 1966 |
| that (I) (we | last saw the decease | ed alive on ap | il 4 | 19 66 and th | at in (my) (aur) api | inian death occurred on the do |
| and hour on | d from the couses sta | ited above. (1) (We) | (did) (did nat) v | iew the body after death. | | |
| 23A. SIGNAT | | | | | 7.7.71 | 23 B. DATE SIGNED |
| D' | 1. O. P. L | romanul | M.D. Atte | nding Med. | Stoff [| 4 april 66 |
| 22C PLIVELCE | hard P. V | (| Phys | s. Director 23 D. ADDRESS | Phys. | 7 40-50 |
| 23 C. PHYSICIA | Type) | 7 | | ID ADDRESS | 11. | enitel |
| Ric | hARD P. A | VORGAARD | M.D. | meryland 13 | The state of the | que |
| 4A. BURIAL CRI | | 24C. NAME of | CEMETERY of CRE | MATORY 24D. L | OCATION (C | ity, town, or county) (State) |
| REMOVAL | 11 6 6 | 6 R. 11: | 1 Al-11 | 10-11 | 2.14: | MJ |
| OULLAL 5A. DATE REC'I | 4-0-0 | Daltimo | ore Nat. | 25C. FUNERAL DIRECTOR | saltimore. | 1110. |
| ALC L | HY MEALIM DEEL | 25B. NAME OF REGIS | TRAR | 25C. FUNERAL BURECTOR | | ADDRESS |
| ADD | | 25B. NAME OF REGIS | | | Ruch One | ADDRESS |
| APR /s 150-REV. 1/1/ | 5 1955 (20) | 25B. NAME OF REGIS | | | Ruck Inc | Baltimore, Md. |

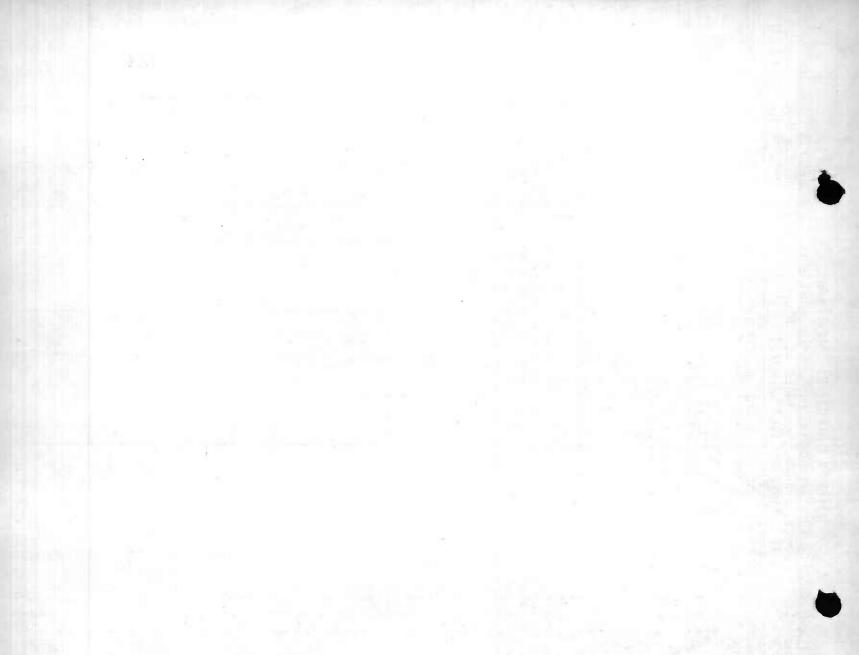


77 W 1.22 . Co. BULLIAMOR SKEWY COURSE MEXICOLOGY AND SOME STORE 7-24-13 12 Tellish was now now Maryland Is a Charles Doney Warfild Elit Cox LICENSES AND MERCHAN SOUTH CONTRACTOR Trails however by your ditte Grandlessed on morning. When the time and the grant the time the 4-2-1766 Transfer Transfer in Section 19 BERRY STATES STATES 16 116 1511100 Thereto is speed the rate of the

VS 150-REV. 1/1/65



| | | 1.10 | BALTIMORE CITY | HEALTH DEPARTMEN | NT CO | 4/1/3 |
|---------------------------------|--|----------------|---|---------------------------------|---|---|
| BIRTH NO. | 66 43 | 400 | CERTIFICA | TE OF DEAT | H Registered No.S. | 1134118 |
| M.E. CASE NO. 1. NAME OF DECEA | CED | | | la DA | TE AND HOUR OF DEATH | 7 |
| (Type or Print) | attal T | 121 | 100100 | / | 2/2/ | 116 715/2 |
| 3. PLACE OF DEAT | H IN BALTIMORE MARY | LAND | y CA LCY | 4. USUAL RESIDENCE | (Where deceased lived, If ins | M. Mitution: residence before odmission) |
| | | | | A. STATE B. | COUNTY | / / |
| FULL NAME OF HOSPITAL OR | (If not in hospital or oddress or location) | institution, g | give street | C. CITY OF TOWN | ASSOCIATION AND A STATE OF THE | |
| INSTITUTION | | | | C. CITT OK TOWN | (If outside city limits, write RU | JRAL and give township) |
| 6011 | | | | D. STREET ADDRESS | (If rurol, give location) | - 11 11 |
| MARYLA | ND GENER | CAL | (80SPITAL | 3503 | 3 FRANK | CFORD AUR |
| 5. SEX 6. | RACE 7. | | NEVER MARRIED), DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| M | W | | ARRICD | 3-4-8 | 1 79 | |
| | ATION (Give kind of work 10 rking life, even if retired) | B. KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Pot Pt | P D | BALT | GAS & ECEC | BA | LTIMORE | US |
| 3. FATHER'S NAME | - pr | | , - (02(() | 14. MOTHER'S MAIDE | | |
| CHA | Dier | 12110 | P101 | Rp. | 771/ 7 | |
| Was Described | | 340 | 11 6. SOCIAL | 17. INFORMANT | 1 7 1 | ADDRESS |
| es, no onknown) (| ver in U. S. Armed Force f yes, give wor or dotes | of service) | SECURITY NO | W. INFORMATI | 1/25754 | A 2/ a |
| UNKNO | UN | | 216-057-6 | 23 | 140 2 12114 C | CHERT |
| 18. 4 2 C | 01/1 | | CAUSE O | DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| | OR CONDITION DIRECT | CTLY | 1 | MOCAP | DINI | 2/// |
| | meon the mode of d | ving. e.a. | (A) DUE TO | 7 - 100 | DIAL | 2101 |
| heort failure, as | sthenia, etc. It means th | ne disease, | 301.10 | INTH | RION | |
| | ication which caused d | eam./ | (B) | | | |
| | ITECEDENT CAUSES | | DUE TO | ******************************* | , | 7 |
| | above couse (A) s | | (C) | , | | |
| | CONDITION last. | noning inte | () | | 0 0000 00 0 | |
| | ll l | | | | • | |
| | CANT CONDITIONS CO | | PILL | 0.1001 | CARALLE | , , , |
| | ATH BUT NOT RELATE ONDITION CAUSING IT. | | | | EMBOLISI | 1-3 Clay 5 |
| 19A. DATE OF C | PERATION 198. CONDI | | WHICH OPERATION | 20A. AUTOPSY? (Yes | or No. 20B. IF YES, WERE FI | NDINGS CONSIDERED SES OF DEATH? |
| 19A. DATE OF C | | | 0 | | | |
| OP CONTRIBUTE | WAS UNDERLYING I | hom | PLACE OF INJURY le.g., in e, form, foctory, street, of | fice bldg., INJURY OCC | OID (If in Boltimore UR? | City, give exact location) |
| DEATH (notify m | nedicol exomined | etc.) | 0. | 0 | | |
| | Month) (Doy) (Year) | (Hour) 21 E. | INJURY OCCURRED | 21 F. HOW DI | D INJURY OCCUR? | |
| (APPROX.) | 0 | Whi | le At Not While | | | |
| 22 1 | (1) (ship | | | 3/2/ | 10/0/0 | 3/3// 10/0/0 |
| | nat (I) (th is hospital) | | 3 /2 / | 1 66 | 1900 to | |
| | est sow the deceosed | - | 2 1 3 1 | | | fon death occurred on the date |
| | 1 = 10, 101 | d obove/(I |) (We) (did) (did not) v | iew the body ofter d | | |
| 23A. SIGNATUNE | 117000 | | | - di- n | | 23 B. DATE SIGNED |
| 1 | VINEL | en | M.D. After | nding Med. Director | Stoff Phy s. | 3/3//66 |
| 23C.PHYSICIAN NAME (Typ | S | | 7 | 23 D. ADDRESS | | |
| 1 | - 111. M | A-11 | M.D. | MD. G | ENERAL | HOSPITAL. |
| 24A. BURIAL CREM | ATION, 24B. DATE | 24C. N/ | AME of CEMETERY OF CRI | MATORY | 24D. LOCATION (City | , town, or county) (State) |
| Burial | 4/466 | Wes | tern Cemetery | | Baltimore, | |
| SA. DATE REC'D B | | | | | | |
| ADD 5 | 1566 (R. C. J. | SB. NAMES | of AEGISTRAR | Leonard J. | | ADDRESS |
| MIN 0 | 1200 610 619 | AND APPL | | Journal d' | Ruck Inc. Balto | o. rid. 21214 |
| VS 150-REV. 1/1/65 | | | | | | |



| BIR | TH NO. | WED | ICAL EX | CAMINER'S CI | ERTIFICATE OF L | EAIH Registe | red Na | |
|---------------|-----------------------------------|---|---------------|------------------------|--|---|----------------------|-------------|
| | E. CASE NO. | | | | | | | |
| l. (Ty | Pe or Print) | | | 24127777 | | HOUR PRONOUNCE | | |
| 2 | N A C. Thi BALTIA | JOSEPH | F. | MANNION | Apri. | | 1:45 | A M. |
| 3. 1 | PLACE IN BALII | MORE, MARYLAND, W | HERE PRONO | UNCED DEAD | A. STATE Maryland | B, COU | INTY | odmis sion) |
| FU | LL NAME OF | (IF NOT IN HOSPIT | AL OR INSTITU | UTION, GIVE STREET | C. CITY OR TOWN (If outside | cornorate limits write | RURAL and give town | shin) |
| | SPITAL OR STITUTION | ADDRESS OR LOCA | (IION) | | Baltimore | ediporote initia, with | | 5 |
| 1 | | | | | D. STREET ADDRESS (If rurol, | sive leastes) | -1-0 | |
| 7 | Unio | n Memorial H | lospital | | | | | |
| 5. 5 | EFX [A | RACE | 7. MAPPIED | NEVER MARRIED | 4816 Richar | 9. AGE (In years | If Under 1 Yr, If Un | der 24 Hrs. |
| | Contract of the | | WIDO WED, | DIVORCED (specify) | July 25, 1935 | lost birthdoy) | Months Doys Hou | |
| | Male | White | | ried | 11. BIRTHPLACE (State or foreign | 30 | 12. CITIZEN OF | |
| | e during most of we | orking life, even if retired) | NIND O | F BUSINESS OR INDUSTRI | | Country | WHAT COUNTRY | |
| 12 | Salest FATHER'S NAME | | | | Maryland 14. MOTHER'S MAIDEN NAME | | XEX | USA |
| 13. | FAIRERS NAME | Joseph P | Manni | nn | 14. MOTHER'S MAIDEN NAME | Annie Do | nnelz | |
| 15 | WAS DECEASED | EVER IN U.S. ARMED | | 16, SO CIAL | 17. INFORMANT | Amire 50 | ADDRESS | |
| | s, no or unknown) | If yes, give wor or dote | s of service) | SECURITY NO. | | | | |
| | Ies | Korean | | 213-32-7160 | Mrs. Dona M. Man | nion | (Same) | |
| | 1B. | 19.4 | | CAUSE | OF DEATH | | INTERVAL ONSET AN | |
| | DISEASE | OR CONDITION DI | RECTLY | | | | | |
| | | LEADING TO DEATH | | | le Traumatic Inj | uries. | | |
| | heart failure, | of meon the mode of osthenio, etc. It meons | the disease, | DUE TO | | | | |
| | Injury or com | plication which coused | deoin.) | | | | | |
| | 1 | NTECENDENT CAUSE | | (B) | | | | |
| | | R CONDITIONS, IF A | | DUE TO | oue easou us e e e e e e e e e e e e e e e e e e | *************************************** | | |
| _ | | G CONDITION LAST. | | (C) | | | 100 | |
| Ó | | | | \\/\ | | | | |
| .AT | OTHER SIGN | II IFICANT CONDITIONS | CONTRIBUTI | NG | | | | |
| 문 | TO THE D | CONDITION CAUSING | | THE | | | | |
| CERTIFICATION | 19A. DATE OF | OPERATION 198, CON | DITION FOR | WHICH OPERATION | 20A. AUTOPSY? (Yes or No) | | | |
| ū | 2 | WAS PER | FORMED | | Yes | N CERTIFYING CAUS | SES OF DEATH? | Yes |
| M | 21 A. EXTERNAL | CAUSE WAS | 21 B. | PLACE OF INJURY (e.g., | in or about 21C. WHERE DID () | f in Boltimore City, gi | ve exact location) | |
| EDIC, | UTING CAUS | E OF DEATH. | etc.) | Street | | v N. of E | Imley Avenu | e 2/- 5 |
| Σ | 21D TIME | (Month) (Doy) (Yeo | r) (Hour) 3 | TIE. INJURY OCCURRED | 21F. HOW DID INJU | | , | E 10 . e |
| | OF INJURY | 4 1 '66 | A _ | WHILE AT NOT | WHILE Driver of | auto into f | ixed object | |
| | 22. | 4 1 00 | m. N | WORK AT W | ORK E DILYGI GI | | | |
| | | fy that I held an I | nquiry | Inspection Aut | apsy X and that an this | s basis, death In n | ny apinian | |
| | result | ed fram: Natural ca | uses | Accident 🔯 Suicid | e Hamicide U | ndetermined mann | er 🗌 | |
| | | 01 | | 1)_ | CHIEF MEDICAL EX | AMINER . | DATES | IGNED |
| | SIGNATU | IDE Oh | aile) | Tely un | ASSISTANT MEDICAL EX | AMINER X | 4/1/6 | |
| | EXAMINE | | | M. D. | ASSOCIATE MEDICAL EX | | 4/1/0 | ,0 |
| | NAME (T | | S. Pet | ty, M.D. | | | | |
| | A, BURIAL CREM MOVAL (Specify) | | 23 | C. NAME OF CEMETERY | CREMATORY 23D. LC | CATION (City, | , town, or county) | (Stote) |
| - | Burial | 4/5/ | 56. Ba | altimore Natio | onal Cemetery | Baltimor | e. Md. | |
| 24 | A. DATE REC'D E | BY HEALTH DEPT. | | OF REGISTRAR | 24C. FUNERAL DIRECTOR | | ADDRESS | |
| | Ann r | 1000 | سه د ا | | Leonard J. Ru | ck Inc. Bal | to. Md. 212 | 14 |
| | APK D | 7-37 | 1 9 . 7 | 7 48 | | on and bar | | |
| VS | 151-REV. 1/1/6 | 5 1 0 7 0 | 0 | | | | | 1 |

Maly 25, 1936

Jonney P. Harriston

There are the Mr. Haltmore Setzens Countered Seltmore, Mr.

Lennard J. Mank Inc. Police, Mc. 21714

IMPORTANT

FUNERAL DIRECTOR:

| BIRTH NO. 66 034 | BALTIMORE CITY | HEALIH DEPAKIMENT | bt | 0 (1341) |
|--|--|---|--|---|
| BIRTH NO. M.E. CASE NO. | CERTIFICA | TE OF DEATH | Registered No. | |
| 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MAR | ISE, JESSE U | VILLIAM 3- | ID HOUR OF DEATH 31-66 re deceosed lived. If institution | 6 52 P.M. ution: residence before odmission) |
| FULL NAME OF (If not in hospital of hOSPITAL OR oddress or location) | r institution, give street | C. CITY OR TOWN (III ou | tside_city limits, write RUR | AL ond give township) |
| Crusa memo | rial Hospital | D. STREET ADDRESS (1) | rurol, give location) | Ave |
| 5. SEX 6. RACE 10A, USUAL OCCUPATION (Give kind of work) | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | 7-22-98 | 67 | f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min. |
| done during most of working life, even if retired) Route Salesman | Newspapers | Baltimor | e, ma | WHAT COUNTRY? |
| John Kreide | vise | 14. MOTHER'S MAIDEN NA | me mi | ary Haines |
| 15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (Unyes, give wor or dotes | of service) 16. SOCIAL SECURITY NO. 218-32-2640 | Mrs. Delma Kre | idwise | ADDRESS (Same) |
| DISEASE OR CONDITION DIRE | | F DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| LEADING TO DEATH (This does nal meon the made of heart failure, asthenia, etc. It means injury or complication which caused | the disease, | cinomatos | is prin | lay prostok |
| ANTECEDENT CAUSES | (B) | | | |
| DISEASES OR CONDITIONS, if a rise to the obove couse (A) UNDERLYING CONDITION last. | | *************************************** | ************************************** | $+$ $\wedge A$ |
| OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT | TED TO THE | | | N.C. |
| | DITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No | 20B. IF YES, WERE FIN IN CERTIFYING CAUSE | DINGS CONSIDERED |
| OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) | n or obout 210. WHERE DID | (It in Boltimore C | ity (give exact location) |
| 21D. TIME (Month) (Doy) (Yeor) (APPROX.) | While At Not Whi | | URY OCCUR? | |
| 22. I certify that (1) (this hospital) | | 7 70 | 1966 10 3 | -3/ 1966. |
| and hour and from the causes state | | | not in (my) (aur) apinio | n death accurred an the date |
| 23A. SIGNATURE | M.D. Att | | Stoff Phys. | 3-31-66 |
| 23C. PHYSICIAM'S NAME (Type) DR B H GROSS | M.D. | UNION MEMOR | IAL HOSPITA | L |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial 4/5/66. | Parkwood Cemeter | | OCATION (City, | town, or county) (Stote) |
| | 25B. NAME OF REGISTRAR | | uck Inc Balt | ADDRESS 21214 |
| VS 150-REV. 1/1/65 | | | 1 4 1 2 1 | |



5-160

| BIRTH NO. | MEDI | CAL EX | (AMINER'S | CERTIFICA | ATE OF I | DEATH Registe | ered No. | |
|--|--|----------------------|-------------------------------------|--------------------------------|----------------------|------------------------------------|------------------------------|------------|
| M.E. CASE NO. | | | | | | | | |
| 1. NAME OF DE | MILBURN | W. | SOPER. | Sr. | | h 31, 1966 | | A |
| 3. PLACE IN BAL | TIMORE MARYLAND, W | HERE PRONOL | | 4. USUAL RES | | deceosed lived. If ins B, COL | titution: residence before | admi s sio |
| FULL NAME OF HOSPITAL OR | (IF NOT IN HOSPITA | TON) | UTION, GIVE STREET | C. CITY OR T | | #.0 | e RURAL and give towns | ship) |
| | | | | | DRESS (If rural, | # = | 1 1 | |
| Union | Memorial Hosp | ital | | | | pendence St | reet | |
| 5. SEX | 6. RACE | | NEVER MARRIED DIVORCED (specify) | B. DATE OF BI | | 9. AGE (In years lost birthdoy) | Months Days Hours | |
| Male | White | | rried | Feb. 25 | | 69 | | |
| dano during mast of | UPATION (Give kind of work working life, even if retired) | 1877 | | STRY 11. BIRTHPLAC | | | 12. CITIZEN OF WHAT COUNTRY? | |
| | d Driver | Tax | i Cab Co. | 14 AAOTHERIS | Maryla MAIDEN NAM | | USA | |
| 3. FATHER'S NAM | John W. S | oper | | 14. MOTHER 3 | MAIDEN NAM | Emma | ? | |
| 5. WAS DECEASE | D EVER IN U.S. ARMED | FORCES? | 16. SO CIAL | 17. INFORMAN | Ť | | ADDRESS | |
| Yes, no or unknown Yes | (If yos, give wor or dote | s of sorvico) | 218-10-916 | 69 Mrs. J. | Marie S | oper | (Same) | |
| DISEASES RISE TO TH UN DERLY!! ZOL OTHER SIG | ANTECENDENT CAUSE OR CONDITIONS, IF A IF ABOVE CAUSE (A) S ING CONDITION LAST. II INIFICANT CONDITIONS DEATH BUT NOT REI IN CONDITION CAUSING | NY, GIVING ATING THE | (8) DUE TO (C1 | | | | | |
| 19A. DATE OF | F OPERATION 198, CON | DITION FOR | WHICH OPERATION | | SY? (Yes or No) | 208, IF YES, WERE FI | INDINGS CONSIDERED | |
| UTING CAL | CAUSE WAS OR CONTRIB- USE OF DEATH. | hame etc.) | e, form, factary, stre | et, office bldg., INJU | JRY OCCUR? | (If in Baltimore City, g | jivo exact locotiań) | |
| OF INJURY (APPROX.) | (Manth) (Doy) (Year | | WHILE AT NORK | IOT WHILE 21F. | HOM DID INTI | JRY OCCUR? | | |
| | URE NER'S | uses X A | Inspection X | icide Ham CHIEF M.D. ASSISTANT | MEDICAL EX | CAMINER X | | |
| 23A. BURIAL CRE REMOVAL (Specif Buria | MATION, 23B DATE 1 4/4/6 | 6. | C. NAME OF CEMETE Baltimore N | Vational Ce | m. | Baltimor | | (Stote) |
| APR | BY HEALTH DEPT. | | OF REGISTRAR | | rd J. Ru | | to. Md. 2121 | 4 |
| VS 151-REV. 1/1/ | /65 | 7-1-1-1 | | | | | | 1 |

Harried Feb. 25, 1897. natures bring that Can Co. John J. Septer New Colons of the Colon of the Colon of the Colons of the Colons

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James J. coff tee . walter . Jennes !

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| | pproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the | ; and (6) No physician was in regular attendance on the deceased prior to death. Such |
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| | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the | deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. |
| | An at | prio |
| | E SA | P |
| | od S: (| ase an |
| | is e b | 000 |
| | 부부· | p 3 |

| NAME OF DEA | | GERTII ICA | TE OF DEATH | | |
|--|--|--|---|---|--|
| NAME OF DEC | Anna Ma | ay McWilliams | 2. DATE A April | 1, 1966. | 1245 |
| PLACE OF DE | ATH IN BALTIMORE, MA | RYLAND | A. STATE B. COU | ere deceosed lived. If i | institution: residence before admis |
| FULL NAME O | OF (If not in hospital oddress or location | or institution, give street | Md. | outside city limits, write | RURAL and give township) |
| INSTITUTION | | | | Baltimore # | |
| U | 2208 Pinewo | ood Avenue | | f rural, give location) OB Pinewood | Avenue |
| sex Female | 6. RACE White | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married | B. DATE OF BIRTH July 19, 1914 | 9. AGE (In years lost birthdoy) 51 | If Under 1 Yr. II Under 24 Months Doys Hours Mi |
| one during most of | UPATION (Give kind of work working lile, even if retired) | 108. KIND OF BUSINESS OR INDUSTR OWN Home | 11. BIRTHPLACE (Stote or lor Maryland | | 12. CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S NA | ME | | 14. MOTHER'S MAIDEN NA | AME | |
| | Olin F. E | lwing | | Annabelle C | Gardner |
| | Ever in U. S. Armed Form | | 17. INFORMANT | | ADDRESS |
| No | | | Mr. Gordon L. M | McWilliams | (Same) |
| injury or con | asthenio, etc. It meons nplication which caused ANTECEDENT CAUSES | deoth.) (B) DUE TO | | ^00100000000000000000000000000000000000 | |
| DISEASES (nise to the UNDERLYIN) OTHER SIGN TO THE D | nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. Il IFICANT CONDITIONS C JEATH BUT NOT RELA | deoth.) (B) DUE TO ony, giving stoting the (C) ONTRIBUTING TED TO THE | | | |
| DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR DI | nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING if | deoth.) (B) DUE TO DUE TO ONLY, giving stoting the (C) ONTRIBUTING TO THE TO TO THE TO T | 20A. AUTOPSY? (Yes or N | No) 20B. IF YES, WERE IN CERTIFYING CA | E FINDINGS CONSIDERED AUSES OF DEATH? |
| DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE D DISEASE OR 19.4 DATE OF CONTRIBUTION O | nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. III IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I' F OPERATION [198] CON | deoth.) (B) DUE TO DUE TO ONLY, giving stoting the (C) ONTRIBUTING TO THE TO TO THE TO T | in or obout 21 C. WHERE DID | IN CERTIFYING CA | E FINDINGS CONSIDERED AUSES OF DEATH? |
| DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DID DISEASE OR 19 A. DATE OF OR CONTRIBUTE OF CO | ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERFORM TO CAUSE OF | deoth.) (B) DUE TO DUE TO ONY, giving stoting lhe (C) ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218, PLACE OF INJURY (e.g., home, form, loctory, street, loctory, loctory, street, loctor | in or about 21C, WHERE DID MISSING BIRTH OCCUR? | (If in Boltime | DIE City, give exact locotion) |
| DISEASES (nise to the UNDERLYIN) OTHER SIGN TO THE D DISEASE OR 19A DATE OF CONTRIBUTION (APPROX.) 21A. ACCIDE OR CONTRIBUTION (APPROX.) 22. I certify that (I) (we) and haur an | ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING 1 F OPERATION 198. CON WAS PERFORMED CAUSE OF medical examiner) (Month) (Doy) (Yeer) That (I) (this hospital last saw the decease d fram the causes state | ONTRIBUTING T. DITON FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Not Wh Work Not Whom At Work At work | 21F. HOW DID IN | IN CERTIFYING CA | AUSES OF DEATH? DIE City, give exact location) 19 6 Dinion death accurred an the |
| OTHER SIGN TO THE DO DISEASE OR CONTRIBUTED TO THE DEATH (notify (APPROX.) 21. I certify that (I) (we) | ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING 1 F OPERATION 198. CON WAS PERFORMED CAUSE OF medical examiner) (Month) (Doy) (Yeer) That (I) (this hospital last saw the decease d fram the causes state | ONTRIBUTING Stoling line ONTRIBUTING STOLING | 21F. HOW DID IN te | IN CERTIFYING CA | DIE City, give exoct locotion) |
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| DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE D DISEASE OR 19.4 DATE OF OR CONTRIBUTED OF INJURY (APPROX.) 21.1 Certify that (I) (we) and hour an 23.4 SIGNATURE) 23.5 PHYSICIA | ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. IFICANT CONDITIONS CAUSE FOREATH BUT NOT RELA CONDITION CAUSING I' FOPERATION 19B. CON WAS PERF OTHER CAUSE OF I' (Month) (Day) (Yeer) I that (I) (this hospital I) last saw the decease I that (I) (This hospital I) last saw the decease I that (I) (This hospital I) last saw the decease I that (I) (This hospital I) last saw the decease I that (I) (This hospital I) last saw the decease I that (I) (This hospital I) Last saw the decease | ONTRIBUTING Stoting The (C) ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Who At Work At Work d alive an 30 ed abave. (I) (We) (did) (did nat) M.D. At Ph | 21F. HOW DID IN te 21F. How DID | IN CERTIFYING CA | DIRECTION OF COUNTY) AUSES OF DEATH? DIRECTION OF COUNTY OF COUN |

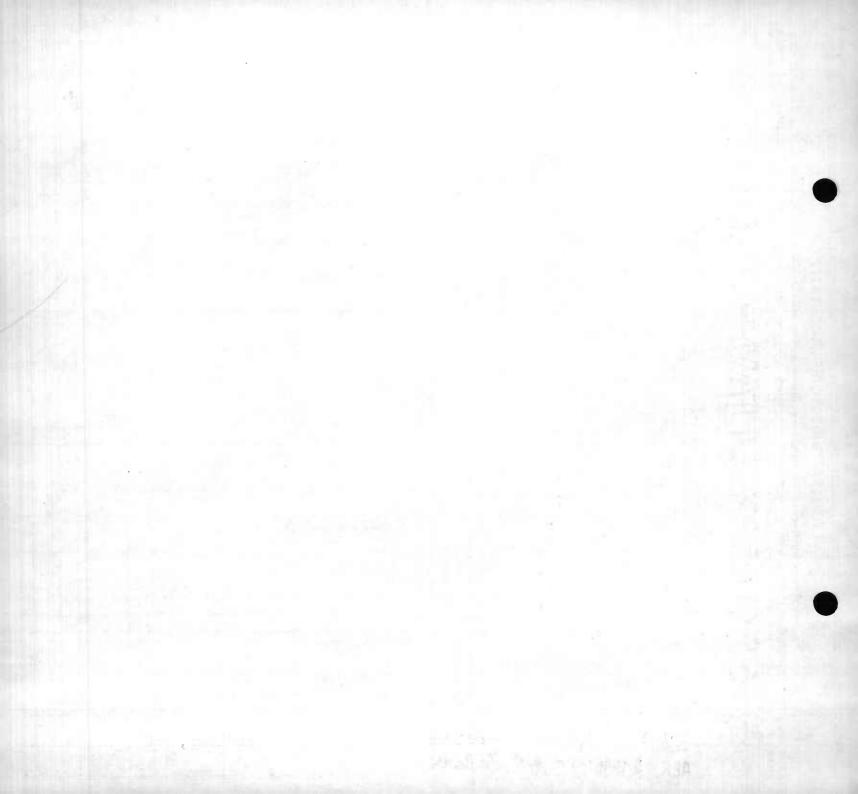
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BALTIMORE CITY HEALTH DEPARTMENT



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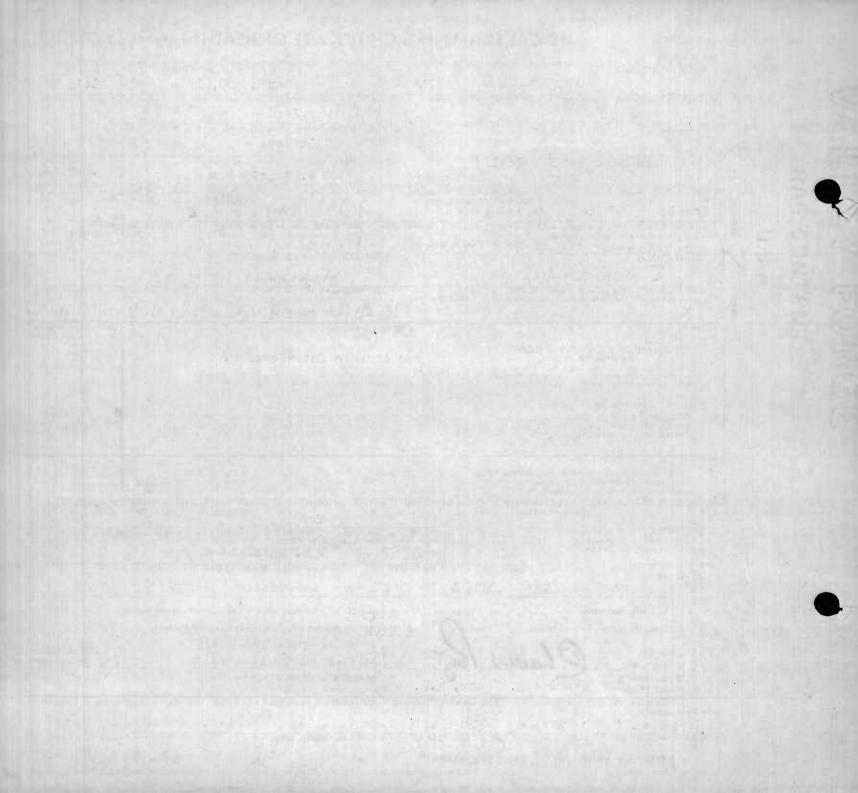
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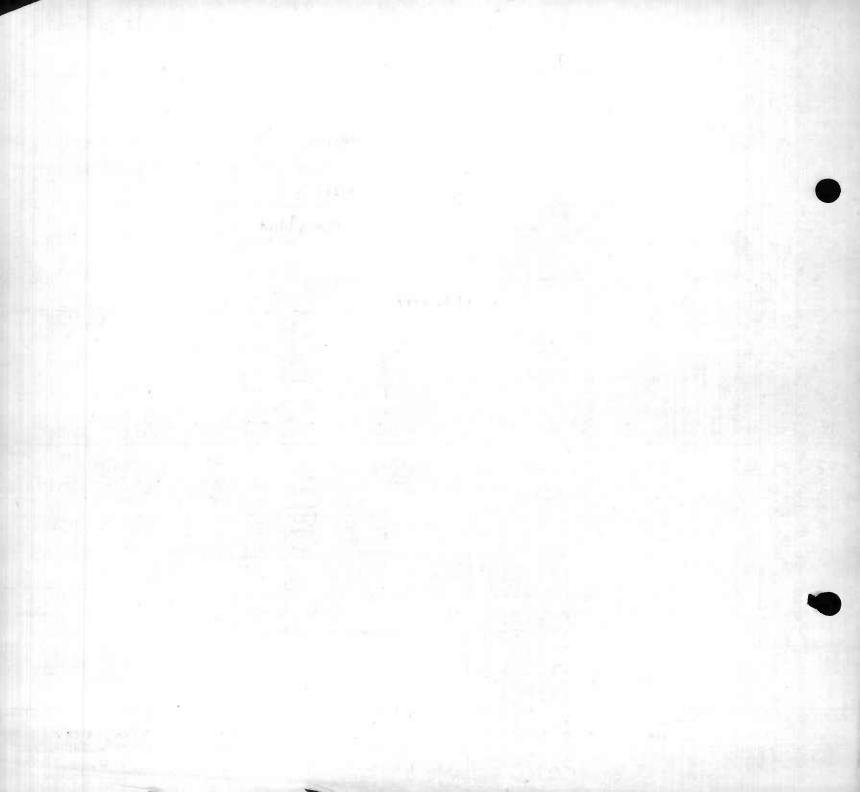
| BIRTH NO. | MEDI | CAL EX | AMINER'S CI | ERTIFICA | IF OF L | EAIH Registe | ered No |
|--|---|-------------------------|---|--|-----------------------------------|--|---|
| M.E. CASE NO. | | | | | | | |
| 1. NAME OF DEC | ANN E | MARIE | WILSON | | 2. DATE AND | 30, 1966 | 11:15 P M. |
| 3. PLACE IN BALT | IMORE, MARYLAND, WI | HERE PRONOU | NCED DEAD | 4. USUAL RESID | yland | leceosed lived. If inst B. COL | titutian: residence befare odmissian) JNTY |
| FULL NAME OF HOSPITAL OR INSTITUTION | (IF NOT IN HOSPITA ADDRESS OR LOCA | L OR INSTITU | TION, GIVE STREET | C. CITY OR TO | | corporate limits, write | e RURAL and give tawnship) |
| Churc | h Home and Ho | spital | | D. STREET ADD | | give location) ord Avenue | |
| 5. SEX Female | 6. RACE White | | NEVER MARRIED DIVORCED(specify) | B. DATE OF BIRT | | 9. AGE (In years last birthday) | If Under 1 Yr, If Under 24 Hrs. Months Days Haurs Min. |
| | JPATION (Give kind of work working life, even if retired) RESS | 0 | BUSINESS OR INDUSTRY | - | (State or foreign | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAM | | SOH | | 14. MOTHER'S M | REARE | | |
| | D EVER IN U.S. ARMED | | 16. SO CIAL SECURITY NO. | MI. Edwa | id. N. has | Wson & 2 | N. Montford ave |
| DISEASES RISE TO TH UNDERLY!! | asthenio, etc. It means mplication which coused of anticolors of the coused of anticolors of the coused of the coused of the couse (a) standard condition last. II NIFICANT CONDITIONS DEATH BUT NOT REL | S NY, GIVING TATING THE | (B)(C) | | | | |
| DISEASE OF | R CONDITION CAUSING | DITION FOR | | 20A. AUTOPS | | 208. IF YES, WERE FI | INDINGS CONSIDERED ISES OF DEATH? Yes |
| O UTING LCAL | CAUSE WAS OR CONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., form, foctory, street, forme | in ar about 21C. \ office bldg., INJUR | WHERE DID | If in Boltimore City, g ford Avenue | |
| 21D TIME OF INJURY (APPROX.) | (Manth) (Day) (Year 3 28 6 | 6 V | VHILE AT NOT AT W | | verdose | | |
| | | | Suicid | Hamic CHIEF N | ide U MEDICAL EX MEDICAL EX | AMINER X | |
| EXAMIN NAME (| Type) Charle | | tty, M.D. | ASSOCIATE A | | | |
| 23A. BURIAL CRE REMOVAL (Specif | " 4-4- | 66 | | IONAL CO | M. E | | (State) ADDRESS |
| APR | 5 1966 R.C | | Farley 19th | 246-FUNER | otly by | llen- 23 | 001 192 |
| VS 151-REV. 1/1. | 65 A C | A | | 0 0 | | 1 | 0.11 |



| BIRT | H NO. | MED | ICAL EX | CAMINER'S CI | ERTIFICAT | TE OF D | EATH Registe | red Na | | - |
|----------|--------------------------------------|--|------------------------|---|---------------------|-------------------|------------------------------------|-------------------|---|---|
| | . CASE NO. | | | | | | | | | |
| Тур | e or Print) | CEASED IRA | WILSON | 1 | | | Pronounce 1966 | | 2:50 | A |
| 3. P | LACE IN BALT | TIMORE, MARYLAND, W | HERE PRONO | UNCED DEAD | A STATE | RYLAND | leceosed lived. If insti B. COU | tution: res | idence before | e odmission |
| 10 | L NAME OF | ADDRESS OR LOCA | | UTION, GIVE STREET | | WN (If outside | corporate limits, write | RURAL | and give tow | nship) |
| 1 |) | | | | D. STREET ADD | DESC (16 mag) | sive lessées) | | | |
| 0 | | 11 High St | reet, Ba | altimore, Md. | | | HIGH STREET | (Mar | timer | Hotel) |
| S N | ale | White | | NEVER MARRIED DIVORGED (specify) ACCO | Feb. 13, | | 9. AGE (In years lost hirthdoy) | If Unde Months | Doys Ho | nder 24 Hrs urs Min. |
| | | UPATION (Give kind of work working life, even if retired) | Marit | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE | (State ar fareign | country) | 12. CITIZ WH | EN OF S.A. | Y? |
| 3. F | ATHER'S NAM | ΛE | | | 14. MOTHER'S M | AIDEN NAME | | | | |
| | Elije | ah Jefferson | Wilson | | | Susie El | izabeth Dic | kenso | n | |
| | VAS DECEASE | D EVER IN U.S. ARMED | FORCES? | 16. SOCIAL | 17. INFORMANT | | 0 | ADDRES | S | |
| es, | ne or unknown | (If yes, give, war or dote | es of service) | 452-09-7185 | J. Stu | art Wils | izabeth Dic on – 33 New | uton S | tFre | donja |
| Ī | 1B. 1- 0 | 10 | | CAUSE | OF DEATH | | | | INTERVAL ONSET AN | |
| 1 | DISEA | SE OR CONDITION DI | RECTIV | | | | | | OH3ET AL | ID DEATH |
| | DISEA | LEADING TO DEATH | l | (A) FATT | Y ALTERAT | TON OF | I.TVER | | | |
| | (This does | not meon the mode of , asthenia, etc. It means | dying, e.g., | DUE TO | | h ab 3043 | M -L X AMAL | | | ••••• |
| | injury or co | mplication which coused | death.) | | | | | | | |
| | | ANTECENDENT CAUSE | 2 | | | | | | | |
| | | OR CONDITIONS, IF A | | (B) | | | | •••••• | | ···· |
| | RISE TO TH | IE ABOVE CAUSE (A) S' | | 501.10 | | | | | | |
| z | ONDEKLI | NO CONDITION LAST. | | (C) | | | , | | | |
| 2 | | li li | | | | | | | | |
| FICATION | TO THE | NIFICANT CONDITIONS DEATH BUT NOT RE | LATED TO T | | | | | | • = = = = = = = = = = = = = = = = = = = | . 5 00 00 00 00 00 00 00 00 00 00 00 00 0 |
| CERTI | | | IDITION FOR | WHICH OPERATION | Yes | | OB. IF YES, WERE FIR | | | Yes |
| 31 | UNDERLYING | L CAUSE WAS OR CONTRIB- | 21 B. home etc.) | PLACE OF INJURY (e.g., i c, form, foctory, street, o | ffice bldg., INJURY | WHERE DID | f in Boltimore City, gi | ve exoct l | ocotion) | |
| Σ | 21D TIME | (Month) (Doy) (Yeo | r) (Hour) 2 | TE. INJURY OCCURRED | 21 F. H | OW DID INJU | RY OCCUR? | | | |
| | OF INJURY (APPROX.) | | | WHILE AT NOT | | | | | | |
| | 22. | tify that I held on I | nauiry 🗆 | Inspection Aut | opsy 😿 one | d that on this | basis, deoth In m | v apinle | n n | |
| | | | | | | | | | ,,,, | |
| | resu | Ited from: Natural ca | uses A | Accident Suicted | | | ndetermined monne | er | | |
| | ACTUA SIGNAT | | 510 | 9 - (N.D. | ASSISTANT M | EDICAL EX | | 27. | 66DATE | SIGNED |
| | EXAMIN NAME (| VER'S | U. Spit | , M. D. | ASSOCIATE M | | - personal | | | |
| REA | BURIAL CRE NOVAL (Specif Byria | MATION, 23B. DATE April | | C. NAME OF CEMETERY O | CREMATORY | 23D. LC | CATION (City, | town, or | county) | (Stote) |
| | 9 | BY HEALTH DEPT. | 24B, NAME | OF REGISTRAR | | AL DIRECTOR | r Inc-6415 | | ADDRESS | 1 _2/3 |

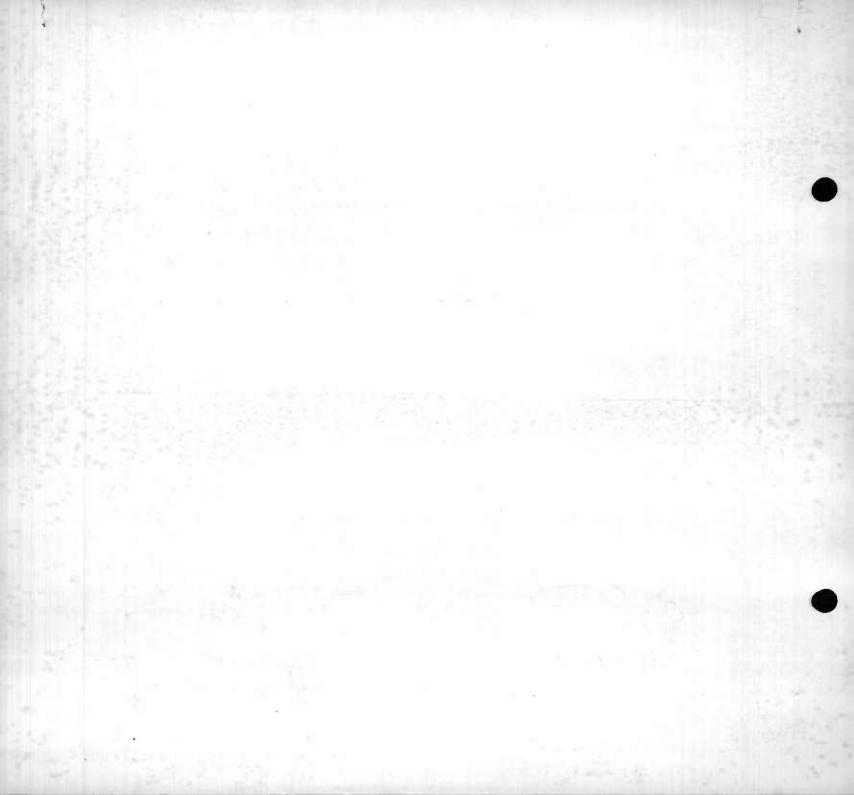
I Lie corner, of Mine, lot. The Meets and Lie Company

| | 7.7 | 0.416 | | Y HEALTH DEPARTMEN | | |
|--|--------------------------------|-----------------|------------------------|---|--------------------------------|---|
| M.E. CASE NO. | 66 | 113415 | CERTIFICA | ATE OF DEAT | H Registered No. | 66 03419 |
| I. NAME OF DECEA | | | | 2, DA | TE AND HOUR OF DEATH | 1 |
| | JISEPH J. F | Tohm | | | 4/2/6 | 6 1 4 |
| 3. PLACE OF DEATI | H IN BALTIMORE, MA | RYLAND | | | (Where deceased lived, II i | nstitution: residence bela |
| FULL NAME OF | (If not in hospital | or institution. | give straet | MARGIANA | | 0 |
| HOSPITAL OR | address or location | | grid shoot | | (If outside city limits, write | RURAL and give townsh |
| A STATE OF THE STA | | | | Battimi | re | |
| 6 m | IAND GENE | 1 000 | Hospital | D. STREET ADDRESS | (If rural, give location) | |
| MARY | thus Gene | 1.47 | 1102 611111 | 2815 | Fart Ave. | |
| 5. SEX 6. | RACE | | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In yours | If Under 1 Yr. , If U |
| m | CALC. | | D, DIVORCED (specify) | 6/23/16 | lost birthdayl | Months Days Hour |
| | | 10B KIND OF | BUSINESS OR INDUSTR | 1 11. BIRTHPLACE (Stote | | 12. CITIZEN OF |
| done during most of wo | rking life, even if retired) | 12 | 1 -1 | Mag da | .,1 | WHAT COUNTRY |
| Chem Ful | | Cher | n hab. | MARYLA | | USA |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDER | NAME | |
| Taka | J RAhm | | | MA | ry Kelly | |
| 15. Was Doceased E | ver in U. S. Armed For | ces? | 1 6. SOCIAL | 17. INFORMANT | 1 -1 | ADDRESS |
| | l yas, give war ar date | s of service) | SECURITY NO. | | Patient. | |
| NO | | | 217-26-6199 | | HILENT. | I was a second |
| 18. 3 8 | | | CAUSE | OF DEATH | | ONSET AND |
| | OR CONDITION DIS | RECTLY | 0 1 | 0 | + + + | 7 |
| | meon the mode of | dvina e.a. | (A) 1211 | IATY - IANCT | entic Fistula. | Zmm |
| heart failure, as | thenio, etc. Il meons | the diseose, | | | | |
| | icolian which coused | | m | etabelia Alt | Kalisis. | 24hrs. |
| | ITECEDENT CAUSES | | DUE TO | -X-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | *************************************** |
| | CONDITIONS, if obove cause (A) | | 21 | My ccaroial . | Tarcal | |
| | CONDITION last. | Siding ine | (C) | 3 | To Jet CILLIA: | |
| | | | | | | |
| OTHER SIGNIFIC | ANT CONDITIONS C | | | | | |
| OTHER SIGNIFICATION TO THE DEAD DISEASE OR CO | TH BUT NOT RELA | TED TO TH | E | | | |
| 19A. DATE OF O | PERATION 198. CON | DITION FOR | WHICH OPERATION | 20 A. AUTOPSY? (Yes | or No. 208. IF YES, WERE | FINDINGS CONSIDERED |
| 19A. DATE OF O | LO WAS PERI | | - DISCASE | | IN CERTIFYING CA | USES OF DEATH? |
| OR CONTRIBUTE | WAS UNDERLYING | 21 B | PLACE OF INJURY (e.g., | in or obout 21 C. WHERE E | OID (tf in Boltimo | re City, give exact lacati |
| & DEATH (notily m | | etc. | | office bldg., INJURY OCC | y Ki | |
| OF IN LIES | Month) (Day) (Year) | (Hour) 21E | INJURY OCCURRED | 21F. HOW DI | D INJURY OCCUR? | |
| S OF INJURY | | Wh | ila At 🖂 Nat Wh | | | |
| | | Wo | rk | | | |
| 22. I certify th | ot (1) (this haspitol |) ottended t | he deceosed from | 117 | 19 LU to | 7 2 |
| that (1) (we) 10 | st saw the decease | d alive on | 4/2 | 19 66 0 | nd that in (my) (our) op | Inion deoth occurred |
| ond hour and f | rom the couses stat | ed obove. (| (We) (did) (did not) | view the body ofter de | | |
| 23A. SIGNATURE | | | | | | 23B. DATE SIGNED |
| Tto. | mL | 1.1 | M.D. At | tending Med. | Stolf Phys. | 11/2/1 |
| 23C BHYSICIAL | | | Ph | ys. Director | Phys. | 41010 |
| NAME (Type | e) | - | | 23D. ADDRESS | | |
| | | | M.D | | | |
| 24A. BURIAL CREMA | ATION, 24B. DATE | | AME of CEMETERY or CI | | 4D. LOCATION (C | ity, tawn, ar county) |
| Busial | 4-6-6 | 6 | SAINT STAN | ISLAUS | BAltiMORE | MARYLAND |
| | | | | | | |
| 25A. DATE REC'D B | Y HEALTH DEPT. | 25B. NAME (| OF REGISTRAR | 25C. FUNERAL DIRI | ECTOR | ADDRESS |
| 25A. DATE REC'D B | Y HEALTH DEPT. | 25B. NAME (| OF REGISTRAR | Vicholas T. | | ADDRESS |



| - | 5 |
|-----------------------------|--|
| 6 | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. |
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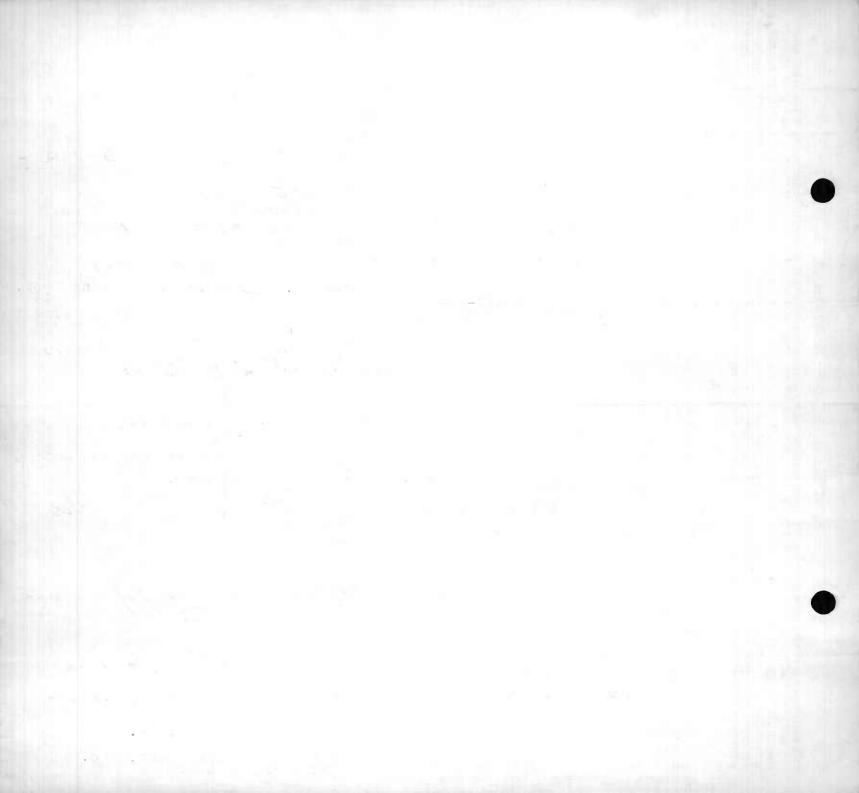
| | 66 034 | 20 | BALTIMORE C | ITY HEALTH DEPA | RTMEN | T | CC 130 | AOO S |
|----------------|--|-----------------|---|---|------------------|---|----------------------------|----------------------|
| BIRTH NO. | 00 002 | | CERTIFIC | ATE OF D | EAT | Registered No | 130 0, |) tGU |
| M.E. CASE NO. | | 272.0.02.00 | | | 2. DAT | E AND HOUR OF DEATH | 1 | 16- |
| Type or Print) | THOMAS (| GROOMS | | | | HOUR OF DEATH | | 32 A. |
| PLACE OF D | EATH IN BALTIMORE, MAR | YLAND | | 4. USUAL RESI | DENCE | Where deceased lived, If | institution: reside | nce before admission |
| FILL MANAGE | Of the same beautiful a | | | | | | 26-x | 2 |
| HOSPITAL OF | | | ve street | C. CITY OR TO | LTIM | Of 15 If outside city limits, write | RURAL and giv | re township) |
| | | OT# 17 | | MAF | RYLAN | D | | 10.5 |
| | NS HOPKINS HOSE | | | D. STREET ADI | | (If rurol, give location) | | |
| 601 N. | BROADWAY 2120 | 05 | | 4006 | ELMO | RA AVENUE | | |
| MALE | WHITE | WIDOWED | NEVER MARRIED PHYSICED (specify) | 10/20/8 | 32 | 9. AGE (In years lost http://doy) | If Under 1 Y Months Day | Yr. If Under 24 H |
| | CUPATION (Give kind of work) of working life, even if retired) | IOB. KIND OF | BUSINESS OR INDUST | RY 11. BIRTHPLACE | (State or | foreign country) | 12. CITIZEN WHAT | OF COUNTRY? |
| Carpent | | gan Mi | 111 Work C | o Bal | timo | re, Md. | 1 2 2 | |
| 3. FATHER'S NA | AME | J | | 14. MOTHER'S | | | | |
| WILLI | | | | TX XXXX | X In | anna Reddie | sh | |
| | ed Ever in U. S. Armed Force | es? | 1 6. SOCIAL | 17. INFORMAN | _ | Thomas venure | | DRESS |
| | wn) (If yes, give war or dotes | of service) | SECURITY NO. | | | | | |
| no | | 215 | 5-03-1694 | | E. | McKee, dght | | |
| 1B. 4 | 20,11 | | CAUSE | OF DEATH | | | | ERVAL BETWEEN |
| DISE | ASE OR CONDITION DIRE | CTLY | NI A | 11 11 0. | 16 | 2.1 11. | 2 | Para |
| (This does | nal mean the mode of | dvina ea | (A) | morarel | W 8 | Hautien |) | ady |
| heart failure | e, asthenia, etc. It means | the disease, | 501 10 | / | (| | 5-54 | 0 |
| injuly at co | amplication which caused | death.) | 400 | | | V | 3.40868 | |
| | ANTECEDENT CAUSES | | DUE TO | *************************************** | | 0 m 0 0 m 0 m m m m m m m m m m m m m m | | |
| | OR CONDITIONS, if a the above cause (A) | | (6) | alluone | lero | ns | | |
| | NG CONDITION last. | ewing me | (C) | | *********** | | | |
| | 11 | | | | - | | | |
| | NIFICANT CONDITIONS CO | | | | | | 1 1 | |
| | DEATH BUT NOT RELATER CONDITION CAUSING IT. | | 131 (31 | | | | | |
| 19A.DATE | OF OPERATION 198 COND | | HICH OPERATION | 20A. AUTOP | SY? (Yes | IN CERTIFYING C | FINDINGS CO | NSIDERED TH? |
| E I | | | | 11 | 28 | | | |
| OR CONTRI | ENT WAS UNDERLYING DEBUTING CAUSE OF | 21 B. I home | PLACE OF INJURY (e.g., form, factory, street, | office bldg., INJUR | HERE DI | ID (If in Boltimo | re City, give ex | act location) |
| DEATH (noti | fy medical examiner) | etc.) | | | | | | |
| 21D. TIME | (Month) (Day) (Year) | (Hour) 21E. | INJURY OCCURRED | 21 F. H | OW DID | INJURY OCCUR? | | |
| OF INJURY | | While | e At Not W | | | | | |
| | 1000 | | | OTK | -21 | 10 11 | 4 . 2 | |
| | y that (1) (this hospital) | | | 7-7-3 | , , , | 19 66 to | 1 - 2 | 19 6 |
| | e) lost saw the deceased | | 4-3 | 19 60 | | nd that in my (aur) ap | oinion death o | ccurred on the |
| ond haur a | nd fram the causes state | d above | (We) (did) (did not |) view the bady (| after de | ath. | | |
| 23A. SIGNAT | TURE / A A | 1 | | | | | 23B, DATE SI | GNED |
| 1/1 | whalf a, | war | | Attending Phys. | Med. Director | Stoff Phy s. | 4- | 3-66 |
| 23C. PHYSIC | IAN'S | | | 23 D. ADDRESS | | ., | | |
| NAME | MICHAEL A | . DAVIS | M. | D. THE JOH | INS H | OPKINS HOSPIT | AL | |
| 4A. BURIAL CI | | | ME of CEMETERY of | 60 | ~ ** | PROADWAY 2 | 7.205 Giv. Yown, or co | (1.10) |
| REMOVAL | (Specify) | | | | | | | ounty) (State |
| Buri | | 111 | dens of F | | | Baltimore, | | |
| SA. DATE REC | D BY HEALTH DEPT. | 25B. NAME OI | | 25C. FUNER | AL DIRE | k Funeral H | | ADDRESS |
| APR | 5 1988 10 0 | R. Q 7 | a Chatta | 3. | 331 | Brehms Lane | ome, 11 | |
| S 150-REV. 1/ | 1/65 | China A | | | 3 / | | | |
| 3 130-KF 4. 15 | | | | | | | | |

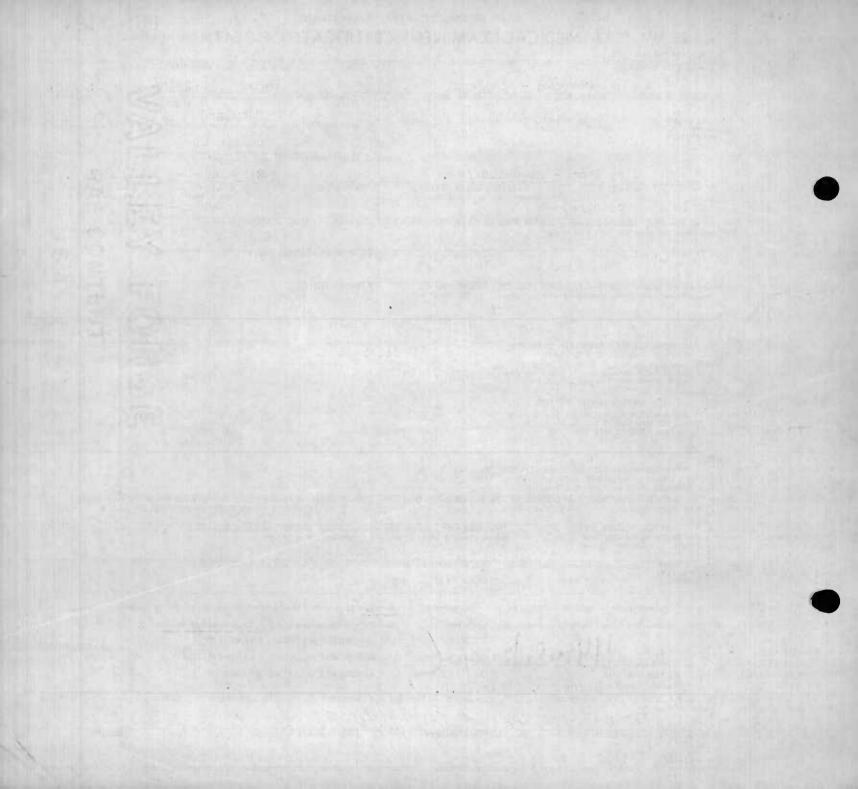


VS 150-REV. 1/1/65

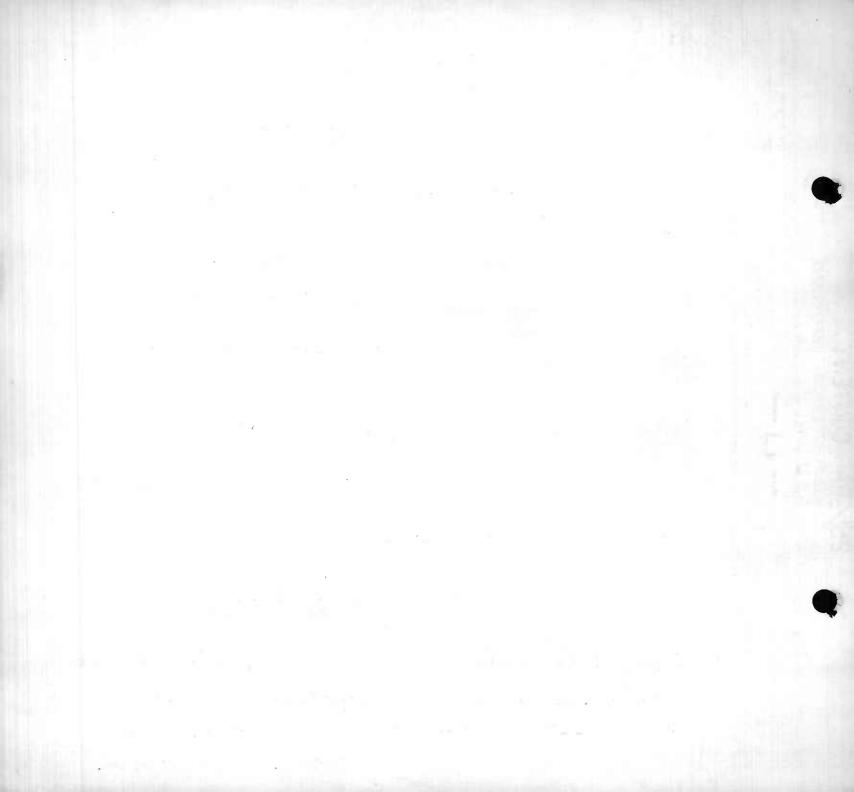
BALTIMORE CITY HEALTH DEPARTMENT

1/Boles 20 2 Mark mantale and gally march ? THE WATER

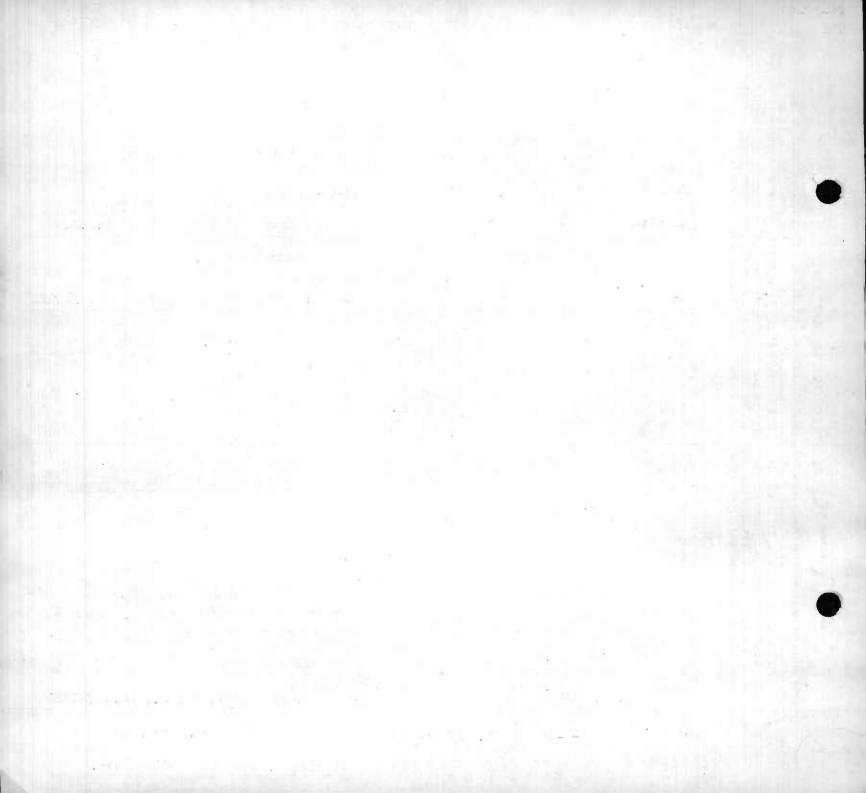




66 113424 lived. It institution: residence (If outside city limits, write RURAL and give If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH mos. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (ary) (our) apinian death occurred an the date town, or county) Baltimore, Maryland ADDRESS Charles R. Law 802 Madison Ave. VS 150-REV. 1/1/65



| CASE NO. 66 13425 AME OF DECEASED to or Print) PLACE OF DEATH IN BALTIMORE, MAR FULL NAME OF (If not in hospitol or oddress or locotion) NSTITUTION Baltimore Cit 4940 Eastern Baltimore, Ma: (6. RACE) | COX rinstitution, give street y Hospitals | 4. USUAL RESIDENCE (Who A. STATE B. COUR Maryland C. City Or TOWN (If or | ND HOUR OF DEATH 30,196 ere deceosed lived. If in | 66 (342.) 6 915 nstitution: residence before odd |
|--|---|--|---|--|
| PLACE OF DEATH IN BALTIMORE, MARE FULL NAME OF (If not in hospitol of oddress or locotion) NSTITUTION Baltimore Cit; 4940 Eastern Baltimore, Ma: | yland r institution, give street y Hospitals | 4. USUAL RESIDENCE (Who A. STATE B. COUR Maryland C. City Or TOWN (If or | 30,196 ere deceased lived. If in | /2/0 |
| FLACE OF DEATH IN BALTIMORE, MAR FULL NAME OF Oddress or locotion NSTITUTION Baltimore Cit; 4940 Eastern Baltimore, Mar | yland r institution, give street y Hospitals | Maryland c. city or town (if or | NTY | nstitution: residence before odiff |
| FULL NAME OF (If not in hospitol of oddress or locotion) NSTITUTION Baltimore Cit; 4940 Eastern Baltimore, Ma: | r institution, give street y Hospitals | Maryland c. city or town (if or | NTY | nstitution: residence before odin |
| HOSPITAL OR BALTIMORE Cit; 4940 Eastern Baltimore, Ma: | y Hospitals | C. CITY OR TOWN (If or | | 1/1 000 |
| HOSPITAL OR BALTIMORE Cit; 4940 Eastern Baltimore, Ma: | y Hospitals | | | 14-11 |
| 4940 Eastern A | | | itside city limits, write | RURAL and give township) |
| Baltimore, Mar | Avenue | Baltimore | | |
| • | | D. STREET ADDRESS (IF | rurol, give location) | |
| EX 6. RACE | ryland, #21224 | 1734 Divisi | on Street, # | 21217 |
| | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 2. Months: Doys Hours A |
| Female Negro | Widowed Widowed | 11-19-1906 | 59 | 77.01 |
| . USUAL OCCUPATION (Give kind of work) | | Y 11. BIRTHPLACE (State or fore | | 12. CITIZEN OF WHAT COUNTRY? |
| e during most of working life, even if retired) Domestic | | Maryland | | U.S.A. |
| FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | AAF | 000000 |
| | mer | | | |
| Emits Iu | L 4404 | | ALCA . | |
| Was Deceased Ever in U. S. Armed Forc | es? 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| No | 2500000 | RECORDS: BCH. | 4940 Easter | rn Avenue, #2122 |
| 18. / 70 V | CAUSE | | | INTERVAL BETWEE |
| DISEASE OF CONDITION DIR | CTLY | | . 1 - 1 | ONSET AND DEAT |
| LEADING TO DEATH | 10 CO | of breast ? | melana | sis > 6 mos |
| | | <u></u> | | |
| | | | | - N. W. T |
| | (B) | | | |
| | | | | |
| | | | | ••••••••••••••••••••••••••••••••••••• |
| UNDERLYING CONDITION last. | | | | |
| 11 | | | | |
| TO THE DEATH BUT NOT RELA | TED TO THE | | | |
| | | 120 A AUTOPSY? (Yes or N | O 208 HE YES WERE | FINDINGS CONSIDERED |
| WAS PERF | DRMED | 1120 | IN CERTIFYING CA | AUSES OF DEATH? |
| 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., | in or obout 21 C. WHERE DID | | re City, give exact location) |
| OR CONTRIBUTING CALISE OF | home, form, foctory, street, | office bldg. INJURY OCCUR? | | |
| | | | 1 | |
| OF INJURY (Month) (Doy) (Yeot) | | | JURY OCCUR? | |
| (APPROX.) | While At Work At Work | k 🗌 | | |
| 22. I certify that (1) (this hospital) | attended the deceased from | nar Zo | 19 66 ta / | nar 30 19 1 |
| that M (we) last saw the decease | dalive an Mar 30 | | | |
| | | | | |
| | ed abave. (1) (we) (did) (did nat) | view the bady after death. | | 23B, DATE SIGNED |
| 23A. SIGNATURE | AA D A | ttending Med. | Stoff \ | ==111 211 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Kuluch | M.D. Ph | ys. Director | Phys. | 3-30-66 |
| 23C. PHYSICIAN'S | | 23D. ADDRESS | | |
| K. R. TUCKER | M.D | 4940 Eastern A | venue. Balto | o. Md. #21224 |
| | | | | City, town, or county) (5 |
| REMOVAL (Specify) | | | | |
| | 30 4 5 /5 | 1 | a I ded management Man | TOTAL CONTRACTOR |
| Burial 4-4-66 | Mt. Auburn Ceme | | altimore, Ma | |
| Burial 4-4-66 | Mt. Auburn Ceme | 25C. FUNERAL DIRECTO | | ADDRESS |
| 5 | Wos Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or doles No | SECURITY NO. NO SECURITY NO. NO SECURITY NO. NO SECURITY NO. SECURITY NO. NO SECURITY NO. SECURITY NO. NO SECURITY NO. SECURITY SECURITY NO. SECURITY SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. SECURE | Was Dacessed Ever in U. S. Armed Forces? s,no or unknown Ulf yes, give wor or dates of service) No 16. 17. INFORMANT RECORDS: BCH, 18. 1 | Wes Deceased Ever in U. S. Armed Forces? 3, no or unknown] (If yes, give wor or doles of service) NO IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Ihis does not meon the mode of dying, e.g., heot foilure, esthenic, etc., til meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving Hise to the above cause (A) stating the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CAUSE OF CONTRIBUTING CAUSE OF INCENTIFY OF CAUSE OF CAUSE OF INCENTIFY OF INCENTIF |



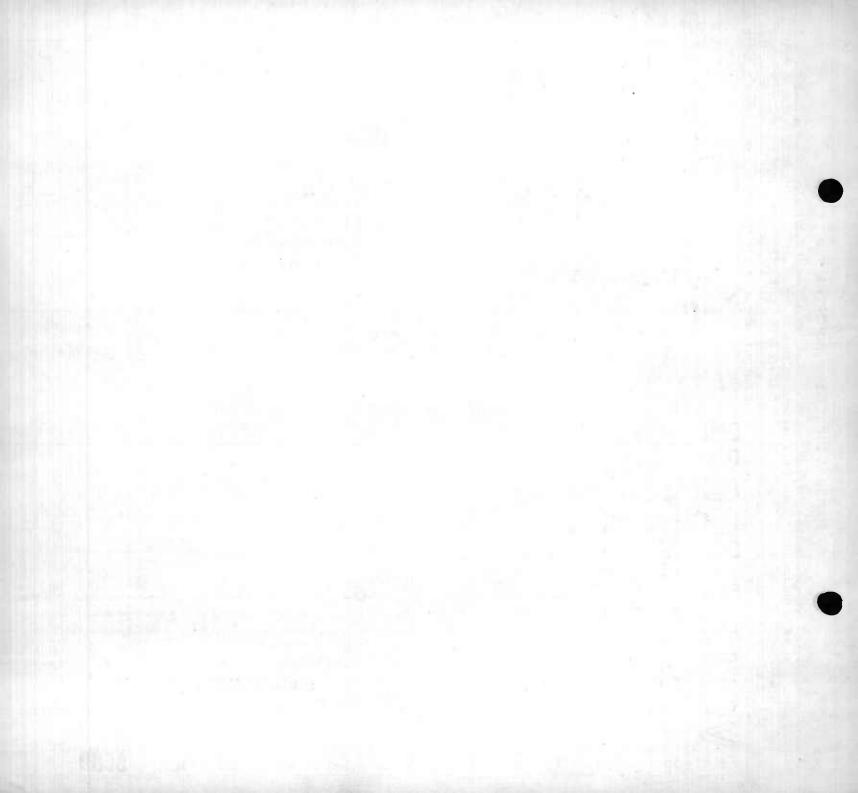
IMPORTANT

DIRECTOR:

FUNERAL

Pares Son Open

| 11 110777 (8 3 | 497 BALTIMORE CITY | HEALTH DEPARTMENT | (2) | Canana et |
|---|--|--------------------------------|------------------------------------|--|
| RTH NO. 66-0877 66 03 | CERTIFICA | TE OF DEATH | Registered No. | 0 11342/ |
| NAME OF DECEASED POPO OF PRINT PARTY | Wagner | 2. DATE AN | D HOUR OF DEATH | 6:30 P |
| PLACE OF DEATH IN HALTIMORE, MANUAN | | 4. USUAL RESIDENCE (When | | stitution: residence belore admission |
| FULL NAME OF (If not in hospital or instinution) HOSPITAL OR oddress or lacotion) | tution, give stroot | TUP | Ryland | URAL and give township) |
| | 1 11-2-6 | BALT | Jmok- | 221206 |
| Anian Pembri | al trospira | 5535 | Ouck NE | LL ROAD. |
| A WI | ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) | | 9. AGE (In years lost birthdoy) | If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min. |
| A. USUAL OCCUPATION (Give kind of work 10 B, KI ne during most of working life, even if retired) | | 11. BIRTHPLACE (State or foroi | gn country) - Masy land | 12. CITIZEN OF WHAT COUNTRY? |
| FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| Dala Was | gner | Connic | Ke | 1115 |
| . Was Deceased Ever in U. S. Armed Farces? es, no ar unknown! (If yes, give war ar dates of | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| 18. 75901 | CAUSE O | F DEATH | | INTERVAL BETWEEN |
| DISEASE OR CONDITION DIRECTLY | P | 0 | 0.00. | ONSET AND DEATH |
| LEADING TO DEATH (This does not mean the mode of dying | . e.g., DUE TO | money age | nesis | 10 minutes |
| hearl failure, aslhenia, etc. Il means the di injury ar camplication which caused death. | isease, | (- | 000 | |
| ANTECEDENT CAUSES | (B) Cfr | yeurlas s | refeel | ====================================== |
| DISEASES OR CONDITIONS, if any, | giving | | U | 01 |
| rise to the above cause (A) statin | g lhe (C) | D | ••••• | AM |
| II | | | | , |
| OTHER SIGNIFICANT CONDITIONS CONTRI | | | | |
| DISEASE OF CONDITION CAUSING IT. | FOR WHICH OPERATION | 20A. AUTOPSY? (Yos or No | 20B. IF YES. WERE | INDINGS CONSIDERED |
| 2 19A. DATE OF OPERATION 198. CONDITION WAS PERFORME | | YES | IN CERTIFYING CAL | SES OF BEATH? |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, or etc.) | or obout 21 C. WHERE DID | (If in Baltimare | City give exect lacotion) |
| 21D. TIME (Month) (Day) (Year) (Hou | 1) 21E INJURY OCCURRED | 21 F. HOW DID INJ | URY OCCUR? | |
| (A PPROX.) | While At At Wark | e 🗀 | | |
| 22. I certify that (I) (this hospital) atte | nded the deceased from | March 31 | 19 66 to M | larch 31 19 66 6 |
| that (1) (we) last saw the deceased aliv | vo an March | 3(19 6 C and th | at in (my) (aur) api | nian death accurred an the da |
| and haur and fram the causes stated ab | py= (I) (We) (did) (did not) v | lew the bady after death. | | / |
| 23A SIGNATURE | | | Co. II. some | 23 B. DATE SIGNED |
| Knald M | | | Phys. | 3/31/66 |
| NAME ONALDI L POLAN | 9 | 23D. ADDRESS UNID | N MEMORIAL | HOSP & TAL |
| Konald b. t | O ALAC M.D. | Uman / 7 | zmovia | 10 100 |
| REMOVAL (Specily) APR 5 | 24G. NAME OF CEMETERY AT CR | mone burger | DOMINION WATCH | ty town county) (State) |
| 7 *** 0.7 10 | 66 | NE HORVING | MEDICAL | SCHOOL |
| | | | | |
| APR 5 1968 P. L. B | AME OF REGISTRAR | A 30 THE STATE OF | V SEDVICI | ROHESS |
| that (1) (we) last saw the deceased alivand haur and fram the causes stated ab | ye on March pye (I) (We) (did) (did not) v M.D. Atte Phy | 3(_19 | Stoll Phys. | 238. DAYE SIGNED |



IMPORTANT

FUNERAL DIRECTOR:

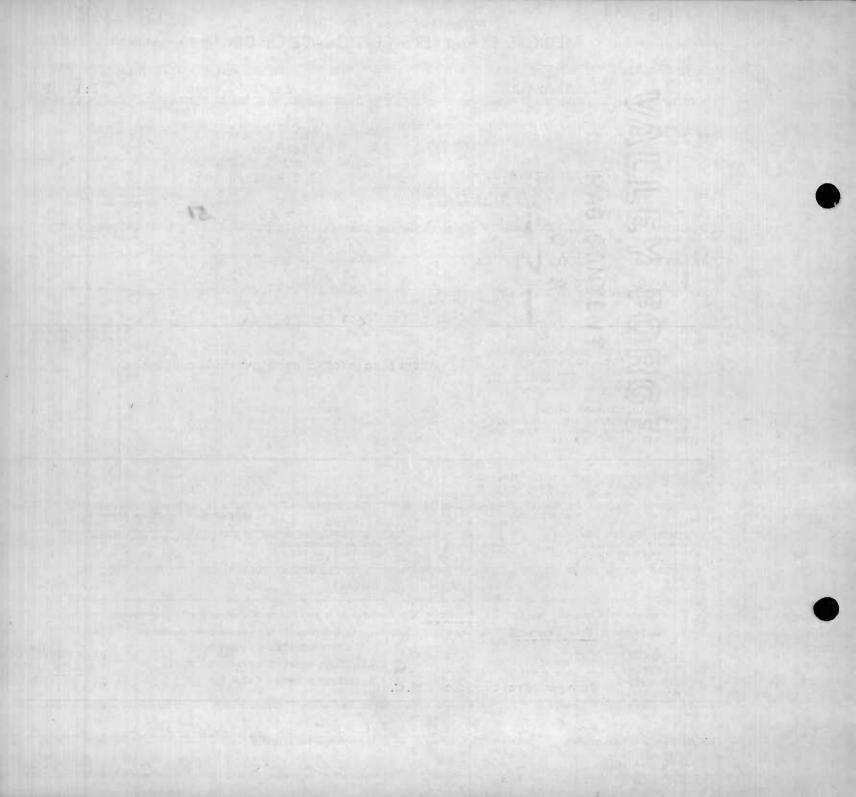
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

hay could had be a sufficient 140 - 15 - 150 To 100

VS 151-REV. 1/1/65

| BIRT | H NO, | MEDI | CAL EX. | AMINER'S C | ERTIFICAT | TE OF DE | ATH Register | red No | |
|---------------|------------------------------------|--|---------------------------|--|--------------------|---|----------------------------------|----------------------------|---|
| M.E | CASE NO. | | | | P. T. HOLL | | | | |
| l. N | e or Print | CEASED | | | | 2. DATE AND | HOUR PRONOUNCE | DEAD | |
| , p | | JAMES C | OVELL | | | April 2 | , 1966 | 1 7 | :10 P M. |
| 3. P | LACE IN BALT | IMORE, MARYLAND, W | HERE PRONOUP | NCED DEAD | A. STATE | | ceosed lived. If insti B. COU | tution: residence b | |
| FU L HO! | L NAME OF SPITAL OR TITUTION | (IF NOT IN HOSPITA ADDRESS OR LOCA | AL OR INSTITUT | TION, GIVE STREET | C. CITY OR TOV | ryland VN (If outside c ltimore | orporote limits, write | RURAL ond give | township) |
| | | | | | D. STREET ADDR | | us location) | 10 | 1 |
| K |) | 1732 Harfo | rd Ave. | | | 32 Harfor | | | |
| 5. S | EX | 6. RACE | | NEVER MARRIED | B. DATE OF BIRTH | Н | 9. AGE (In years lost birthday) | If Under 1 Yr. | If Under 24 Hrs. Hours Min. |
| | ale | Negro | mar | WORCED (specify) | 8-6- | 1914 | 51 | | 110013 |
| | | JPATION (Give kind of work working life (even if retired) | TOB. KIND OF | BUSINESS OR INDUSTR | YII. BIRTHPLACE | State or foreign o | country) | 12. CITIZEN OF WHAT COU | NTRY? |
| 00110 | doning most of | Jalin | | | Bulli | mue. | my | 11.5 | A |
| 13. F | ATHER'S NAN | AE . | | | 14. MOTHER'S M. | AIDEN NAME | | | |
| | Jepepel | La Corell | | | Bleun | che C | ole | | |
| | | D EVER IN U.S. ARMED | | SECURITY NO. | 17, INFORMANT | | | ADDRESS | 0. |
| | | he- | 0 | 218-03-2596 | Ornech. | Cornello | 12156 | Lulia | O ll |
| | 18. | 13-1 | | CAUSE | F DE TH | | | | VAL BETWEEN |
| | DISEA | SE OR CONDITION DI | PECTI Y | | | | | ONSE | T AND DEATH |
| | | LEADING TO DEATH | | Arterio | sclerotic | cardiova | ascular dis | sease | |
| | heart failure, | not mean the mode of , asthenia, etc. It means mplication which coused | the disease, | DUE TO | | | | | *************************************** |
| | | ANTECENDENT CAUSE | c | | | | | | |
| | | OR CONDITIONS, IF A | | (B). DUE TO | | | | | |
| | RISE TO TH | E ABOVE CAUSE (A) ST | | 502 10 | | | | | |
| z | ONDERETT | TO CONDITION LAST. | | (C) | | *************************************** | | | |
| 은 | | II | | | | - | | | |
| CERTIFICATION | TO THE | NIFICANT CONDITIONS DEATH BUT NOT RES R CONDITION CAUSING | LATED TO TH | | | | | | |
| CERT | | OPERATION 198, CON WAS PER | DITION FOR W | HICH OPERATION | 20A. AUTOPSY | | B. IF YES, WERE FIN | | ERED |
| O | UNDERLYING | L CAUSE WAS OR CONTRIB- | 21 B, P home, etc.) | LACE OF INJURY (e.g., form, factory, street, | in or obout 21C. V | VHERE DID (IF | in Boltimore City, gi | ve exact location) | |
| 2 | 21 D TIME | (Month) (Doy) (Year |) (Hour) 21 | E, INJURY OCCURRED | 21F H(| OW DID INJURY | OCCUP? | | |
| | OF INJURY (APPROX.) | (ividina) (boy) (red | w | | WHILE | ov bib intoki | O CCO K. | | |
| | 22. | | | | | 1.1. | | | |
| | | tify that I held on I | | | | | bosis, deoth in m | | |
| | resul | ted from: Natural co | uses X A | scident Suicio | | | determined monne | er 🔛 | |
| | ACTUA | 1/1//1 | 11 | 7 () | | EDICAL EXA | | DA | TE SIGNED |
| | SIGNAT | URE /// | MAIN | Chill M.D | ASSISTANT M | EDICAL EXA | MINER _X | | 4-3-66 |
| | EXAMIN NAME (| | Breiter | necker, M.D. | ASSOCIATE M | EDICAL EXA | MINER | | +-3-00 |
| | BURIAL CRE | | 23C | . NAME OF CEMETERY | or CREMATORY | 23 D. LOC | ATION (City, | town, or county) | (Stote) |
| KEN | Ch (Specify | 1 4-7 | -11/2 | Balt not | 1- (0,0) | B | alla ma | 0 | |
| 24A | DATE REC'D | BY HEALTH DEPT. | 24B. NAME C | OF REGISTRAR | 24C. FUNER | AL DIRECTOR | IND IVE | ADDRES | S |
| | APR | 5 1988 (7 2. | 19 Fa | On Mile | 13/ | . Mil. | 1 | n . | 10.11 |



| ATE OF DEATH Registered No. 2. DATE AND HOUR OF DEAT 4-2-66 4. USUAL RESIDENCE (Where deceased fived. If A. STATE 8. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, writ) BALTIMORE D. STREET ADDRESS (If rurol, give location) 1918 M. MOUNT ST. 8. DATE OF BIRTH 9. AGE (In years lost birthhody) | institution: residence before admiss |
|--|---|
| 4-2-66 4. USUAL RESIDENCE (Where deceased fived. If A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, writted to the county of the cou | institution: residence before admiss |
| 4. USUAL RESIDENCE (Where deceased fived. If A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, writ BALTIMORE D. STREET ADDRESS (If rurol, give location) 1918 M. MOUNT ST. 8. DATE OF BIRTH 9. AGE (In years) | institution: residence before admis |
| A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, writ BALTIMORE D. STREET ADDRESS (If rurol, give locotion) 1718 M. MOUNT ST. B. DATE OF BIRTH 9. AGE (In years) | 15-117 |
| C. CITY OR TOWN (If outside city limits, write BALTIMORE D. STREET ADDRESS (If rurol, give locotion) 1918 M. MOUNT ST. 8. DATE OF BIRTH 9. AGE (In years) | e RURAL and give township) |
| BALTIMORE D. STREET ADDRESS (II rurol, give locotion) 1918 M. MOUNT ST. 8. DATE OF BIRTH 9. AGE (In years) | e RURAL and give township) |
| D. STREET ADDRESS (If rurol, give locotion) 1918 M. MOUNT ST. 8. DATE OF BIRTH 9. AGE (In years) | |
| 8. DATE OF BIRTH 9. AGE (In years | |
| 8. DATE OF BIRTH 9. AGE (In years | |
| last high-lay | If Under 1 Yr. , If Under 24 |
| | Months Doys Hours Min |
| TRY 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Virgivia | 420 |
| 14. MOTHER'S MAIDEN NAME | |
| 1. b | |
| 17 INFORMANT | ADDRESS |
| Da Da | ADDKESS |
| Mondle Bland | |
| OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | GNSET AND DEATH |
| CARCIDO MATOSIS | 9 money |
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| | |
| *************************************** | 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
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| | |
| 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER | E FINDINGS CONSIDERED |
| Yes IN CERTIFYING C | YEC |
| g, in or obout 21 C. WHERE DID (If in Bellim | ore City, give exact location) |
| , office bidg., INJURY OCCUR? | |
| 21E HOW DID INTURY OCCUR? | |
| | |
| | |
| 3-1-66 19 10 4. | - 2 - 66 19 |
| 19and that in (my) (aur) a | |
| | |
| | 23B, DATE SIGNED |
| Attending Med. Stoff | 4-2-66 |
| | 1 0 0 |
| Dha . 1 + 1 - 1 0 0 | |
| | |
| CREMATORY 24D. LOCATION | City, town or county) (State |
| & Cal Brille | nex |
| 25C. FUNERAL DIRECTOR | ADDRESS |
| | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING C. S. |

R. P. . b

VS 150-REV. 1/1/65



| | ACE OF DEATH | IN BALTIMORE, MA | RYLAND | INDERS (P. | 4. USUAL RESIDENCE (WA. STATE B. CO | /here deceased lived. If i | nstitution: residence before admi |
|----------------|---|--|---|---|-------------------------------------|------------------------------------|--|
| H | OSPITAL OR ISTITUTION | Provident 1514 Divi Baltimore | Hospita sion St | al reet | Baltimore D. STREET ADDRESS | (If rural, give location) | RURAL ond give township) |
| 5. SI | X 16. | RACE | 7. MARRIED. | NEVER MARRIED | B. DATE OF BIRTH | Place Apt 12 | If Under 1 Yr. If Under 2 |
| Fat | nale N | egro | Marrie | DIVORCED (specify) | 9-27-27 | lost birthdoy) | If Under 1 Yr. If Under 2 |
| tóà. | USUAL OCCUPA | | | | 11. BIRTHPLACE (State or f | oreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| dalle | deving most of work | me, even it remed) | Walace | McCey | Virginia | | U.S.A. |
| 13. F | ATHER'S NAME | | | | 14. MOTHER'S MAIDEN N | IAME | V D D D D D D D D D D D D D D D D D D D |
| | Unknown | | | | Unknown | | |
| 15. V (Yes, | as Deceased Eveno or unknown) (If | er in U. S. Armed Fare yes, give war at date | es? s of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
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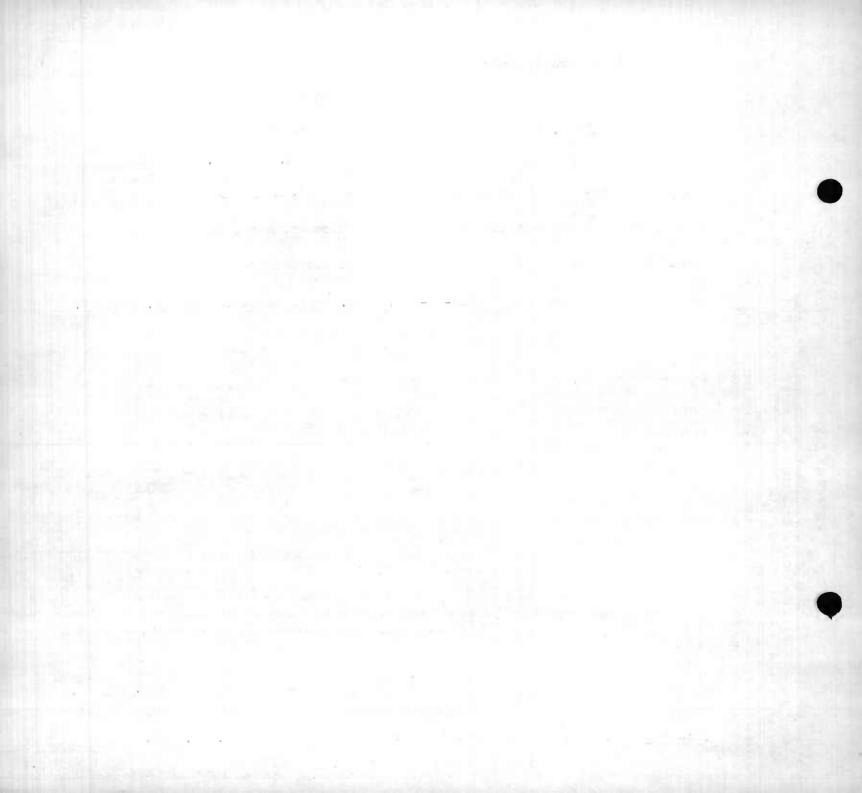
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VS 150-REV. 1/1/65

| BIRTH NO. | | 34 | | Y HEALTH DEPARTMENT | | |
|--|--|--|--|--|---|--|
| A P . CAPP | | | CERTIFICA | ATE OF DEATH | Registered No | 66 03432 |
| M.E. CASE NO. | FD | | | 2 DATE A | ND HOUR OF DEAT | Н |
| Type or Print) | | 3 5 4 | | *************************************** | | A 14 |
| | James Carly | le Bento | on | | | 169 1147 6 |
| . PLACE OF DEATH | IN BALTIMORE, MA | RYLAND | | A. STATE B. COUL | tre deceased lived. If | institution: residence before admiss |
| | | | | Maryland | | 9/1 |
| FULL NAME OF HOSPITAL OR | (If not in hospital address or location | | give stroet | | | |
| INSTITUTION | | | | C. CITY OR TOWN (II or | utside city limits, write | e RURAL and give township) |
| - | 1128 E. | 36th St | reet | Baltimore | | |
| $\Lambda\Lambda$ | | | | D. STREET ADDRESS (If | rural, give lacation) | |
| f U | | | | 1128 E. 36 | oth St | 18 |
| SEX 6.1 | RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 Months Days Hours Min |
| | | | DIVORCED (specily) | | last birthdoy) | Months Days Hours Min |
| Male | White | Wide | | March 17, 190 | | |
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| ne during most of work | | Manti | Commons | C-1 | | WHAT COUNTRY? |
| ssemblyman | | martin | Company | Solomons, Ma | | |
| FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NA | ME | |
| Sheldon | Benton | | | Lillie Messi | ole | |
| | | | 13 / 00 = 1.1 | | CK | |
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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

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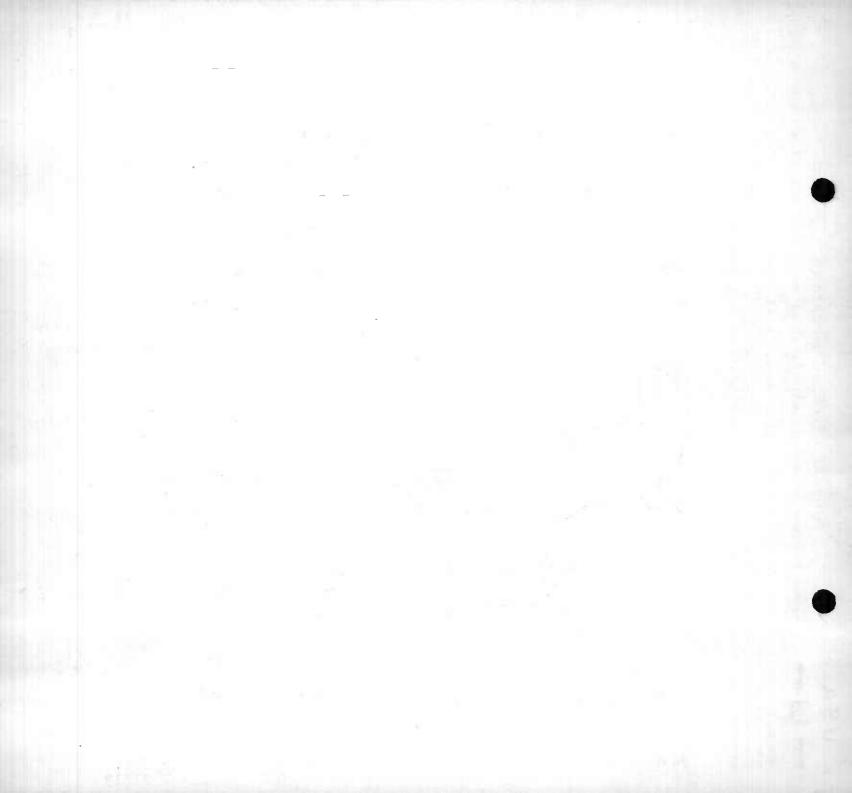
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4.66 4. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A, STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Mayland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) **INSTITUTION** attricer Hom D. STREET ADDRESS (If rurol, give location) Kavanas 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years Il Under 1 Yr. , Il Uno Months! Doys ! Hours ! 6. RACE II Under 24 Hrs. WIDOWED, DIVORCED (specily) lost birthdoy) IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Weitell will walle 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME 15, Was Deceased Ever in U. S. Armed Forces? INFORMAN' ADDRESS 6. SOCIAL SECURITY NO. (Yes, no or unknown) My yes, give wor or doles of service) CAUSE OF DEATH INTERVALSETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bidg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF WEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) Al Work Work 22. I certify that (I) (this haspital) attended the deceased from..... 19 6 6 and that in(my) (our) opinion deoth accurred on the dote that (I) (we) lost sow the deceased alive on. and hour and from the couses stated above. (I) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE Attending M.D. Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A, BURIAL CREMATION. 24D. LOCATION (City, town, or county) REMOVAL (Specify) ADDRESS 25C. FUNERAL DIRECTO

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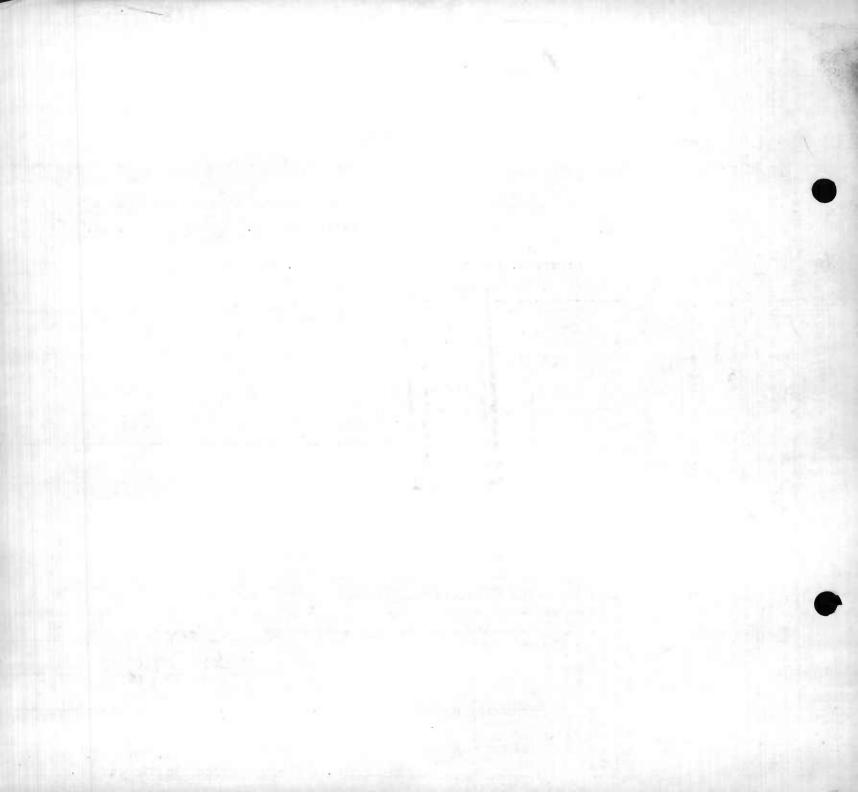
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| 66 43430 | BALTIMORE CIT | Y HEALTH DEPARTMENT | 06 | · OOAOE |
|--|--|-----------------------------|---------------------------------|--|
| BIRTH NO. | CERTIFICA | ATE OF DEATH | Registered No. | 3 03435 |
| M.E. CASE NO. | | | AND HOUR OF DEATH | |
| Type or Print) | | | | |
| Andrew Mann ANDRE | EW LOUIS MAN | 4. USUAL RESIDENCE (V | Vhere doceosed lived. If i | institution: residence before odmission |
| FULL NAME OF (If not in hospital or institution, oddross or location) | , grve street | Maryl and | outside city limits, write | RURAL and give township) |
| INSTITUTION | | Baltimore D. STREET ADDRESS | (If rurol, give location) | |
| MERCY MERCY HO | SPITAL | | ount Ave. | |
| WIDOWI | D. NEVER MARRIED ED, DIVORCED (specily) PCGd | 5-27-OL | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 H Months Doys Hours Min, |
| OA. USUAL OCCUPATION (Give kind of work 108, KIND of lone during most of working life, even if retired) Photographer Re | of Business or Industri etired | Y 11. BIRTHPLACE (Stote or | foreign country) [aryland | 12. CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S NAME | , ull ca | Bai timore | | ODA |
| 3. FAIRERS NAME | | 14. MOTHER'S MAIDEN | NAME | |
| A. dagaa Maria | | 0 5. | 0 11 | |
| Andrew Mann 5. Wos Deceosed Ever in U. S. Armed Forcos? | 1 6. SOCIAL | Caroline 17. INFORMANT | Seitz | ADDRESS |
| (es, no or unknown) (If yes, give wor or dotes of service) | SECURITY NO. | Hal A WALVIA | | CONESS |
| NO 217 0 | 5 5339 | Mrs Trene | Mevd 2013 | Sinclair Lane |
| 18. / / / | CAUSE | | | |
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| | hile At Not Wh | | | |
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| 22. I certify that (I) (this hospital) attended | the deceased from | 3/7 | 19 6 6 to | 1/3 196 |
| 4-1761 | PH 0/12 | 1 / / | | |
| that (I) (we) last sow the deceased alive an | 45 | 19ond | that in(my) (aur) ap | inion death accurred an the d |
| and haur and from the causes stated above. | (I) (We) (did) (did nat) | view the bady after dea | th. | |
| 23A. SIGNATURE | ,, (4.4) (4.4 (4.1) | The oddy differ ded | | 23 B. DATE SIGNED |
| 4 | | tending — A4-4 — | Stall And | - I state |
| Jelaum M. Inc | | ys. Med. Director | Stoff Phys. | 3/4/66 |
| 23C.PHYSICIAN'S | | 23D. ADDRESS | | * / / / - |
| NAME (Type) | | | a. Ilan | Til |
| +16800 W 6. 1 | RIAS M.D. | MERC | 1 17031 | UAL |
| 4A. BURIAL CREMATION, 24B. DATE 24C. | NAME of CEMETERY OF CE | REMATORY 248 | LOCATION (C | City, town, or county) (Stoto |
| REMOVAL (Specify) | | 242 | | 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7 |
| BURIAL 4/6/66 Sa | cred Heart | Cemetery | Baltimore (| Tounty Ma |
| | DE REGISTRAR | 25C. FUNERAL DIREC | | County Md. ADDRESS |
| SA. DATE REC'D BY HEALTH DET. D. 268 EME | OF REGISTAR | HENRY SA | | |
| 111 - 1030 GP Cuba | A TO THE REST | DATETION | | |
| /S 150-REV, 1/1/65 | | - BALTIMON | E, MARYLAN | 0 21213 |

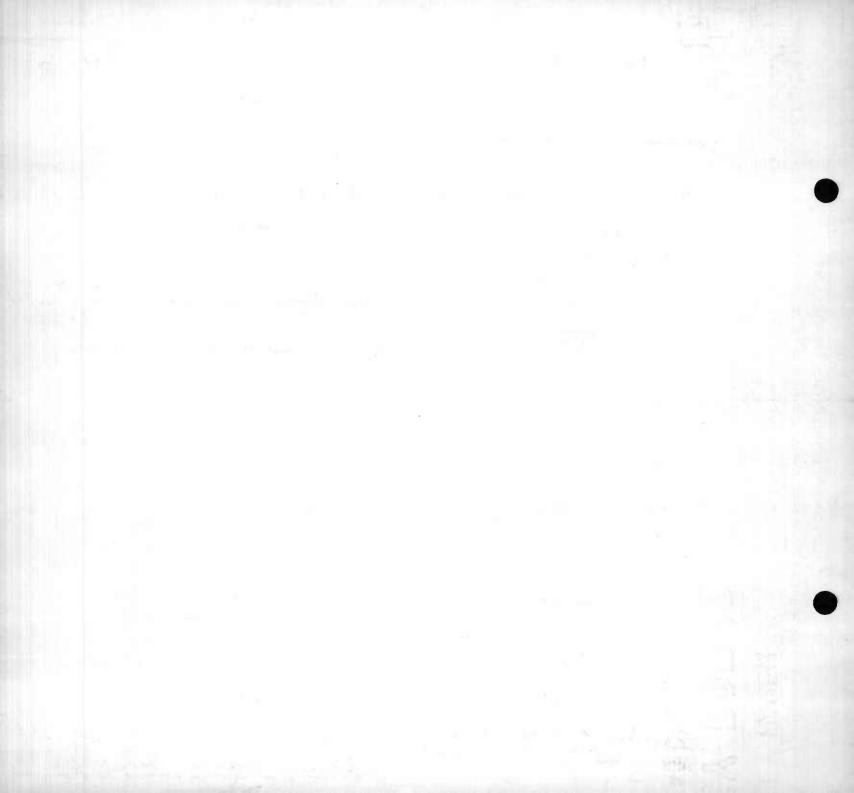


· Land Com Coul Theorem 6 Comedy's Characterist gomayor States 107 Alber a Broken ...

| BRTH NO.66 (13437 | 1. | Y HEALTH DEPARTMENT | CC 02A- | ************************************* |
|--|--|---------------------------|---------------------------------------|---|
| M.E. CASE NO. | CERTIFICA | TE OF DEATH | | |
| NAME OF DECEASED Type or Print) | OD 4 (1174 - 1174) | | AND HOUR OF DEATH | 1 1000 |
| PLACE OF DEATH IN BALTIMORE, MARYLAND | ORA E. (HEATH) G | 4. USUAL RESIDENCE | Where deceased lived. If | institution: residence before odmissi |
| Sinai Hospital of Ballin | | A. STATE B. CO | NIY | 1 - 125 |
| FULL NAME OF (If not in hospital or institu | tion, give street | 7 | Baltimure | RURAL and give township) |
| INSTITUTION | | Baltimore | | KOKAE ONG GIVE IOWNSHIP! |
| 1 | | D. STREET ADDRESS | (If rural, give location) | |
| 99 DINGI | | 2.800 Hu | Tington Are 110 | INTINGDON |
| E IA WID | RRIED, NEVER MARRIED OWED, DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthd y) | If Under 1 Yr. If Under 24 H Months Doys Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work 10B. KIN | ID OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or | foreign country) | 12. CITIZEN OF |
| lone during most of working life, even if retired) Housewife Ov | vn Home | Paltimore | Ma | WHAT COUNTRY? |
| 3. FATHERS NAME | vii nome | Baltimore, | | U.S.A. |
| | | | | |
| George S. | | Mary F. P | urcell | |
| 5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dotes of serv | The state of the s | 17. INFORMANT | | ADDRESS |
| No | 076-24-91+7A | Records of energy | ency to one | |
| 18. 260 V 1 | SA CAUSE C | OF DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY | S C SE | | | |
| LEADING TO DEATH | E Same | ded lataretur 2 mg | ture of Questricle | 77 |
| (This does not mean the made of dying, heart failure, asthenia, etc. It means the dist | Jermin / During | | | |
| injury ar camplication which caused death.). | | Crin | | Year |
| ANTECEDENT CAUSES | OU E TO | | | 1892 |
| DISEASES OR CONDITIONS, if any, | | et wild | | 3 |
| rise la lhe abave cause (A) stating | 3 010 | rieter meltles | = = = = = = = = = = = = = = = = = = = | 772 |
| The state of the s | = 22 2 | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | | | | |
| 194. DATE OF OPERATION 198. CONDITION | | 20A. AUTOPSY? (Yes o | No. 208, IF YES, WERE | FINDINGS CONSIDERED AUSES OF DEATH? |
| | | Yes | CERTITION C. | |
| 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 21B. PLACE OF INJURY (e.g., home, loim, foctory, street, c | office bldg. INJURY OCCUR | (If in Boltimo | ore City, give exact location) |
| DEATH (notify medical examiner) | etc.) | | | |
| 21 D. TIME (Month) (Doy) (Year) (Hour) | 21E. INJURY OCCURRED | 21F. HOW DID | INJURY OCCUR? | |
| (APPROX.) | While At Not Whi | | | |
| 22 1 | | | | |
| 22. I certify that (4) (this hospital) attend | | | | |
| that (I) (we) last sow the deceased alive | an | 19ond | that in (my) (our) or | ointan death accurred on the d |
| and haur and from the causes stated above | ve. (I) (We) (did) (dld nat) | view the body after dea | th. 10-11 | at Sinai Hospital |
| 23A. SIGNATURE | | | | 23 B. DATE SIGNED |
| Horas L Handisury | M.D. Att | ending Med. Director | Stoff Phy s. | 4/3/46 |
| 23C. PHYSICIAN'S NAME (Type) | | 23 D. ADDRESS | | 1/ |
| Patent 1 Hand | M.D. | 1: 71- | tolp | |
| MONT C. HUND | WEIGHT | 1 Karmal 14 las mel | 0 2 1 1.73 | |
| 24A. BURIAL CREMATION, 24B. DATE 24 | 4C. NAME of CEMETERY OF CR | EMATORY 241 | LOCATION (| City, town, or county) IState |
| REMOVAL (Specify) | V | | / | City, town, or county) IState) |
| Burial 4/6/66 | Parkwood | | Baltimore, Co | City, Hown, or county) Dunty, Maryland t. Paul St. Paul |



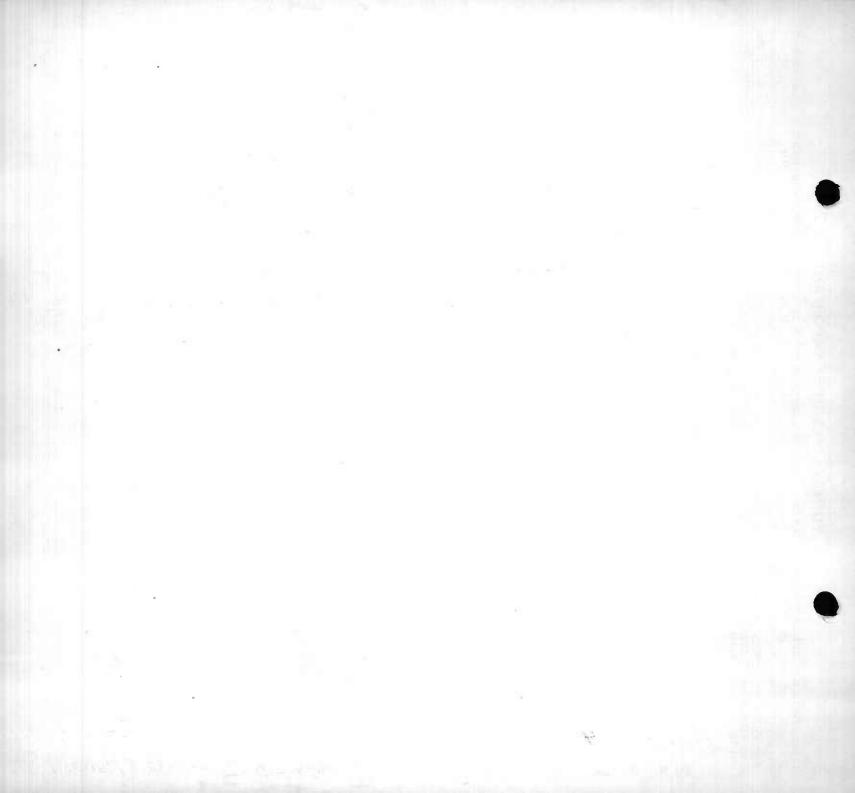
| 66 | 133400 | TITY HEALTH DEPARTMENT | • 66 ()3438 |
|---|---|--|---|
| M.E. CASE NO. | CERTIFIC | | |
| 1. NAME OF DECEASED (Type or Print) | | 2. DATE AND HOUR OF DEA | |
| Keith Mol | land | 3/31/66 | 9:40 A |
| 3. PLACE OF DEATH IN BALTIMORE, | MARYLAND | 4. USUAL RESIDENCE (Where deceased lived, 1 A. STATE B. COUNTY | f institution; residence before admission |
| FULL NAME OF (If not in hospi | ital or institution, give street | Md. Hawthen Co. | |
| HOSPITAL OR oddress or loc | otion) | | te RURAL and give township) |
| INSTITUTION | | Havre de Grace | 62-14 |
| The Johns Hopkins | Hospital | D. STREET ADDRESS (If rural, give lacotion) | |
| 3 | 0 | 617 Freedom St | |
| 5. SEX 6. RACE | 7. MARRIED, NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years | If Under 1 Yr. , If Under 24 Hrs |
| No Nonco | WIDOWED, DIVORCED (specify) | 9/27/58 ast birthdoy) | Months Doys Hours Min. |
| M Negvo | work 108, KIND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF |
| done during most of working life, even if retire | | | WHAT COUNTRY? |
| not applicable | not applicable | U.S Md. | U.S |
| 13. FATHERS NAME | | 14. MOTHERS MAIDEN NAME | |
| Everett. Hollan | A | Glorin James | |
| | | | ADDATE |
| 15. Was Deceased Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or | dotes of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT | 619 Drewdfam As |
| | | Mrs. Gloria & Hollan | L, Fane de Gracy M. INTERVAL BETWEEN |
| 18. 1 9 3 41 | CAUSI | OF DEATH | INTERVAL BETWEEN |
| DISEASE OR CONDITION | DIRECTLY | | ONSET AND DEATH |
| LEADING TO DEA | TH | Metatetu neuroblastama | // Man |
| (This does not mean the mode | ol dying, e.g., DUE TO | Ticasici K Regrosiciji ma | |
| heart foilure, astheria, etc. It me | | | |
| | | | |
| ANTECEDENT CAU | DUE TO | *************************************** | |
| DISEASES OR CONDITIONS, | | | |
| rise to the obave couse (UNDERLYING CONDITION lost, | | | |
| | | | |
| OTHER SIGNIFICANT CONDITION | CONTRIBUTING | | |
| E TO THE DEATH BUT NOT I | RELATED TO THE | | |
| | CONDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE | RE FINDINGS CONSIDERED |
| " WAS | PERFORMED | IN CERTIFYING | CAUSES OF DEATH? |
| U 21A. ACCIDENT WAS UNDERLYIN | GO DIR PLACE OF INLLIPY | g., in or obout 21 C. WHERE DID (If in Boltin | nore City, give exact facation) |
| OR CONTRIBUTING CAUSE OF | home, form, foctory, stree | , office bldg., INJURY OCCUR? | note city, give exoct idealion |
| DEATH (notify medicol exominer) | etc.) | | |
| OF INJURY (Month) (Doy) (Y | eor) (Hour) 21 E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? | |
| ₹ (APPROX.) | | While | |
| | | | 2/2/ |
| | | | 3/3/ 1966 |
| that (I) (we) lost sow the dece | ased olive on 3 / 3 | 19 6 and that In(my) (our) | opinion deoth occurred on the do |
| 1,000 | stated obove. (1) (We) (did) (did na | | |
| 23A. SIGNATURE | | · · · · · · · · · · · · · · · · · · · | 23 B, DATE SIGNED |
| (1.001 | /) M.D. | Attending Med. Stoff | 3/31/66 |
| yeres Sym | * | Phys. Director Phys. 7 | 3/3//00 |
| 23C-PHYSICIAN'S NAME (Type) | | 23D. ADDRESS | |
| Jere 8. Sim | ith | 1.0. Johns Hopkin, Hospital | |
| 24A. BURIAL CREMATION, 24B. DATE | 24C. NAME of CEMETERY of | | (City, town, or county) (State) |
| REMOVAL (Specify) | 1-11 1 1 1 | ? + n 1 · + | Harley C. Ma |
| Burial 1 4 | 66 Berkeley | emelery Wartington | , varjore o, na |
| 25A. DATE REC'D BY HEALTH DEPT. | 25B NAME OF TEGHTAN | 25C. FUNERAL DIRECTOR | ADDRESS |
| ALK 9 1200 GPG | 100 | Itelia & Quelock, | Have de Gracy 71 |



IMPORTAN

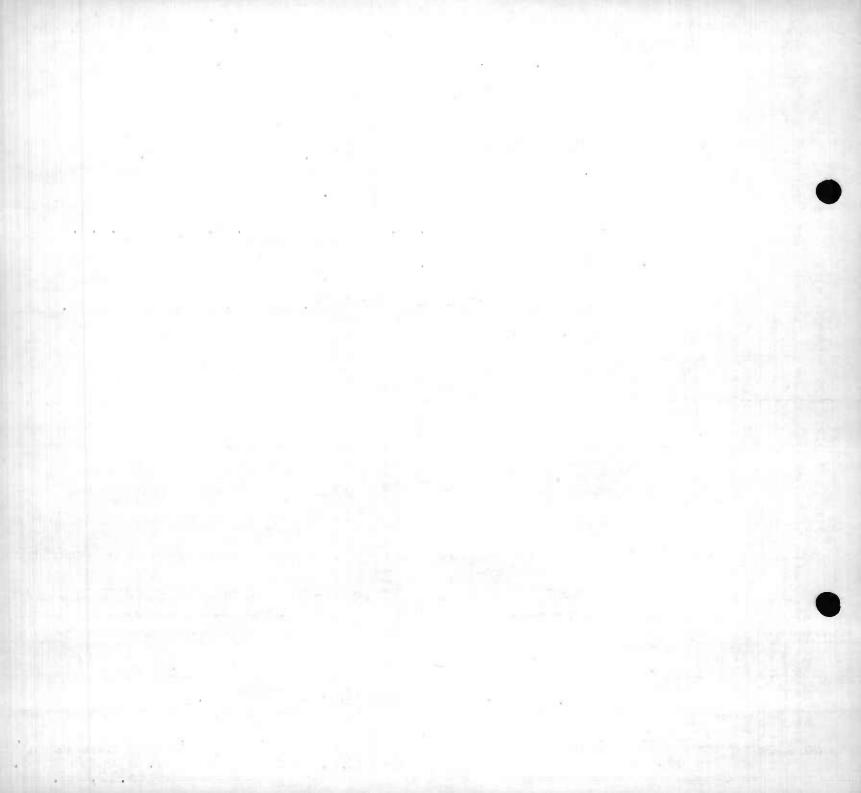
DIRECTOR:

FUNERAL



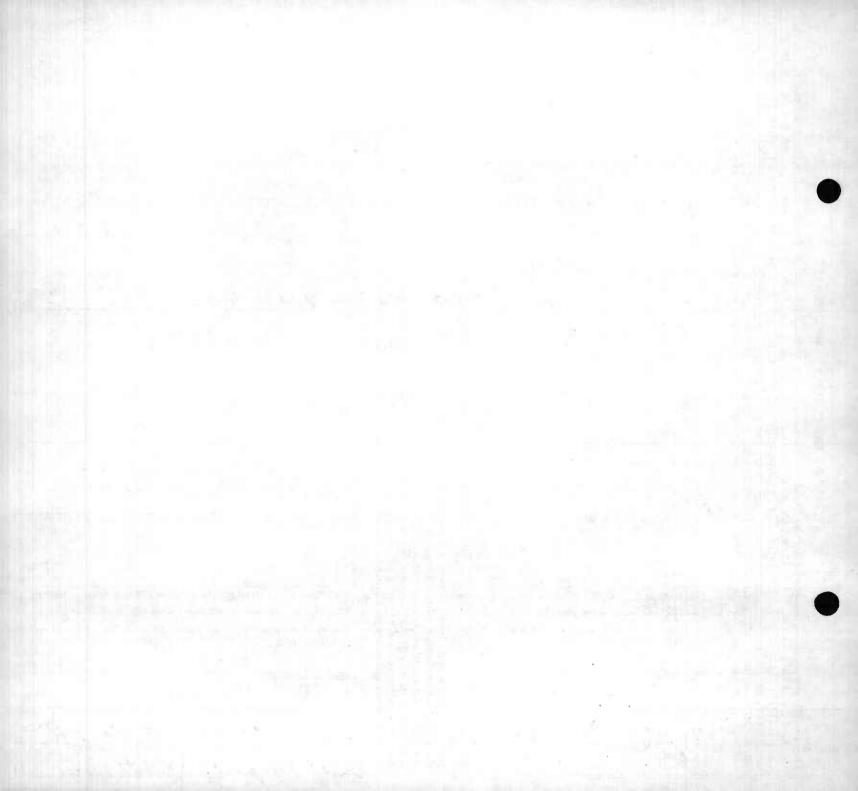
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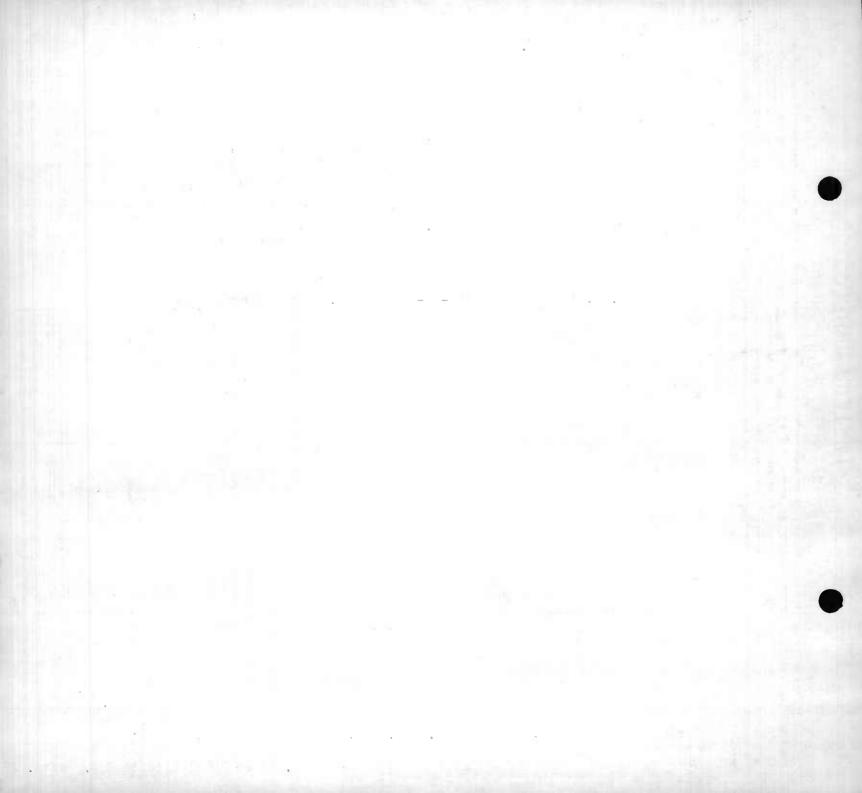
BALTIMORE CITY HEALTH DEPARTMENT



| | • | FUNERAL DIRECTOR: IMPORTANT | DIRECT | OR: | IMPO | RTAN | | | | |
|--|---|--|---|---------|------------------------------|--|---------------------------------------|---|--------------------------|--------------------|
| This certificate must be approved by the chief medical examiner or his assistant if death occurred in a the body was released to the hospital by a medical examiner. Also, if the direct or contributing causes shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to deceased prior to | o the hospita any nature; (except who | the chief medil by a medil (2) Body burser the physician v | dical examical examinus; (3) A fisician who | iner. / | Also, if of any ounced | ssistant the dir kind; death ince on | if deat ect or 4) Und was in | h occur contrib stermin regule | uting ed ca ar att | cat cat tend |
| written approval must be obtained before the remains are embalmed of final disposition is made. | e optained a | erore the ren | nains are | IIDQ EI | ned or | בועםו מו | Sposino | 2 12 | de. | |

| | RTH NO. 66 U3442 CERTIFICATE OF DEATH Registered No. 65 | 03442 |
|-----------|--|---|
| | LE CASE NO. NAME OF DECEASED YOUR OF PRINT Green Woods Margaretta Dutcher 2. DATE AND HOUR OF DEATH 1 - 1 - 66 | 1 (0:10 M |
| 3. | PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL) | |
| 4 | 14 Union Memorial Hosp. Westwinster D. STREET ADDRESS (If Turol, give location) 39 Chase Str. | 56-27 |
| | F W 2-23-60 66 | nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min. |
| don | ne during most of working life, even if retired) | Citizen of what country? |
| | Simon Dutcher Many Eli 2abeth Swith Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17, INFORMANT | ADDRESS |
| | security No. 219-20-1885 Mrs Rayph B. Atephan 3- | ADDRESS OSTONIL QUE MITERVAL BETWEEN |
| | CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, osthenia, efc. It means the disease, injury or camplication which caused death.) | ONSET AND DEATH |
| N.O. | ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast. | |
| TIFICATIO | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES CO. | GS CONSIDERED OF DEATH? |
| CAL CE | OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bfdg., INJURY OCCUR? | give exoct location) |
| MEDI | 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While At Work 21 At Work | |
| | 22. I certify that \$\mathcal{X}\$ (this hospital) attended the deceased from \$\frac{2}{3} - \frac{2}{3}\$ (we) last sow the deceased alive an \$\frac{4}{3} - \frac{19}{3}\$ (our) opinion d | leath accurred an the dat |
| 03.11 | M.D. Attending Med. Stoff Phys. Stoff Phys. | 4-1-66 |
| 247 | DR. Z. HSU M.D. 23D. ADDRESS Unton Wewortal | Hosp. |
| 254 | A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, low Semoval (Specify) 2/3/66 Complete Westminster APR 5 1368 (1) 258. NAME OF REGISTRAR 25C. FUNERAL OIRECTOR 2 | ADDRESS A |
| VS | 150-REV, 1/1/65 | ensually 14 |





IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

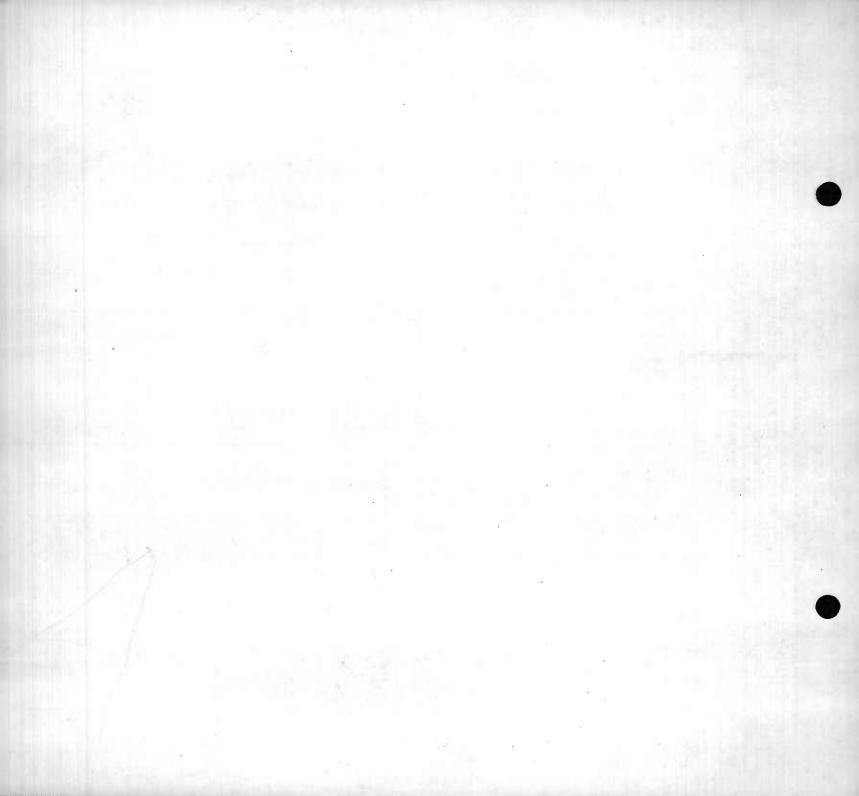
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gore steleto

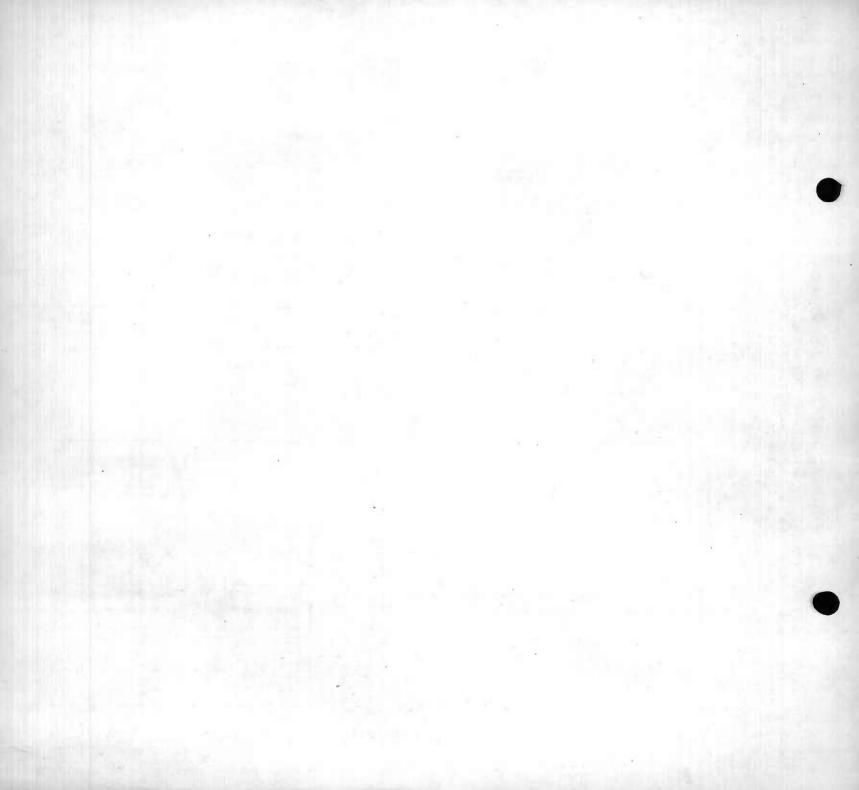
V 3/3//1860

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

| | ~ 1-8300 | BALTIMORE CITY | HEALTH DEPARTMENT | 710 TA 4 4 | | |
|---|--|---|--|---|--|--|
| | TH NO. 66 1134 | CERTIFICA | TE OF DEATH R. | gistered No.D. 113445 | | |
| M.E | CASE NO. | | | | | |
| | AME OF DECEASED | Cotte | buck 3-24-6 | - 16 | | |
| 3, 1 | PLACE OF DEATH IN BALTIMORE, MARYLAND | en gager | | esed lived. If institution: residence before edmissio | | |
| | CHILL MAKE OF A 15 handled as institute | t | a. STATE 6. COUNTY | Masta | | |
| 1 1 | FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION | ion, give street | C. CITY OF TOWN (If outside ci | ty limits, write RURAL and give township) | | |
| T. | N3III O II ON | | Baltimore | 53-60 | | |
| 11/ | 2 . 1. 8 | | D. STREET ADDRESS (If rurel, gi | ve lecetion) | | |
| 1 | Tranklin Aguare | Hospital | 728 Difver |) Creek Ad. | | |
| 5, 5 | | RIED, NEVER MARRIED OWED, DIVORCED (specify) | 8. DATE OF BIRTH 9. AGE | (In yeers If Under 1 Yr. If Under 24 Hr hdey) Menths Deys Hours Min. | | |
| 1 | n white new | er married | 3-24-66 | 150 | | |
| | USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired) | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stete or foreign ceu | niry) 12. CITIZEN OF WHAT COUNTRY? | | |
| | | | md. | 4. A. A. | | |
| 13. | FATHERS NAME | | 14. MOTHER'S MAIDEN NAME | | | |
| 11 | Alinia Chatter las | 1 | As bustoles - | Thefma Elizabeth | | |
| 15. | Was Decesed Ever in U. S. Armed Ferces? | 1 6. SOCIAL | 17) INFORMANY | ADDRESS | | |
| (Yes | s,ne er unknewn) (If yes, give wor or dotes of serv | ice) SECURITY NO. | | U | | |
| / | 118. 5 7 1/ 1 | CAUSE O | E DEATH | INTERVAL BETWEEN | | |
| | DISEASE OR CONDITION DIRECTLY | CAUSE | PERIN | ONSET AND DEATH | | |
| | LEADING TO DEATH | 1 | mater 1t | | | |
| | (This does not mean the made of dying, heart failure, asthenia, etc. It means the disc | | The state of the s | | | |
| | injury ar camplication which coused death. | .036, | D. A.Ch | | | |
| ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving | | | | | | |
| | | | | | | |
| | П | | | | | |
| N O | OTHER SIGNIFICANT CONDITIONS CONTRIBL | JTING | 2 | | | |
| AT | TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | THE neonala | & hemorrhay | 2 7 molla | | |
| ERTIFIC | 19A. DATE OF OPERATION 19B. CONDITION I | OR WHICH OPERATION | 20 A. AUTOPSY? (Yes er Ne) 20 B. | IF #ES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? | | |
| ERT | Ola Accident was under which | 1010 b) . 60 00 10 10 10 10 10 10 10 10 10 10 10 10 | 110 | | | |
| I O | OR CONTRIBUTING CAUSE OF | 21B. PLACE OF INJURY (e.g., in heme, ferm, foctory, street, of | fice bldg., INJURY OCCUR? | (If in Beltimore City, give exect lecetien) | | |
| CAL | DEATH (netify medical exominar) | etc.) | | | | |
| MEDI | 21D. TME (Menth) (Doy) (Yeer) (Heur) OF INJURY | 21E, INJURY OCCURRED | 21F. HOW DID INJURY O | CCUR? | | |
| 2 | (APPROX.) | While At Net While At Werk | | | | |
| | 22. I certify that (I) (this hospital) attend | ed the deceased fram 3 | - 5 4 1966 | 10 3-24 1966 | | |
| | that (I) (we) last saw the deceased alive | on 3- 24 | 1966 and that in (| my) (aur) apinian death accurred an the da | | |
| | and hour and fram the causes stated above | re. (1) (We) (did) (did nat) y | iew the body after death. | | | |
| | 23A. SIGNATURE | | | 23 B. DATE SIGNED | | |
| | Conul Tand | M.D. Atte | Med. Steff Phys. [| 3-31-66 | | |
| | 23C-PHYSICIAN'S | | 23D. ADDRESS | 3,0,0 | | |
| | NAME (Type) | M.D. | 611 Park | ane. | | |
| 24 <i>A</i> | BURIAL CREMATION, 248. DATE 24 | C.NAME of CEMETERY of CRI | MATORY 24D. LOCATIO | ON (City, tewn, er county) (Stete) | | |
| | REMOVAL (Specify) | | | P. 411 | | |
| 25A | DATE REC'D BY HEALTH DEPT JOSE NA | WOOOLLAWA ME OF REGISTRAR | 25C FUNERAL DIRECTOR | ADDRESS | | |
| 11 | APR 1500 CEPT. | Mary Lynn | PAGAL | · 3M. | | |
| Ve | 150-REV. 1/1/65 | | Jane C. Chenows | eg = 3617 Chestant au | | |
| 4.3 | 19V-NE V1 1/ 1/ 09 | | | | | |



| C-421 | | BALTIMORE CITY HEALTH DEPARTMENT | |
|--|---------|---|--|
| 7007 | | TH NO. CERTIFICATE OF DEATH Registered No GO | 3446 |
| | M. | E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH | |
| 77 0 5 | | pe of Print Reith Edward Clatterbuck 3-24-66 | 10100 |
| ± 0 0 € ± | 3. | PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institu | ution: residence before armission) |
| | | A. STATE B. COUNTY | B. 11. |
| hos Use (5) | | FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RUR.) | AL and give township) |
| l in a h ng caus cause; (attende | 11/ | Daltimore) | 53-11 |
| ng cau | 71/ | D. STREET ADDRESS If wood, give locotion) | |
| 0 | | ranklin Danaw Hospital 728 Dilver Creek | , Rd. |
| th occurre contribut etermined in regular | 5. | | Under 1 Yr. If Under 24 Hrs. |
| occur nintrib egute ased | | m white never married 3-24-66 | 1 50 |
| o con a series | 10/ | A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) | 2. CITIZEN OF WHAT COUNTRY? |
| 0 - D - 7 - | do | ne during most of working life, even if retired) | 14. DA |
| d d d | 13. | FATHERS NAME | 9.72. |
| rect (4) U (4) U the | | (1). Platt 1 6/ And 10 30 1 | , 50 1-41 |
| N tip of to | | Was Decoased Ever in U. S. Ahmed Forces? 16. SOCIAL 17. INFORMANT | a Charlet |
| TAN istant he di kind; death ce on | (Ye | s, no or unknown) (If yes, give wor or dates of service) SECURITY NO. | 700.19 |
| 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | no | |
| R: IMPORTAN ner or his assistant er. Also, if the di cture of any kind; pronounced death lar attendance on | | 18. 7 7 4 X 1 CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| A his of of or the part of the | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | |
| Ads Ads | | (This does not mean the made of dying, e.g., | |
| R: ner. ner. pror | | healt failule, asthenia, etc. It means the disease, injury all camplication which caused death.) | |
| 0 -= | | ANTECEDENT CAUSES (B) (mality) | |
| Xam xam A fr who | | DISEASES OR CONDITIONS, if any, giving | |
| 0 0 0 0 | | rise to the above cause (A) stating the (C) | |
| | | UNDERLYING CONDITION last. | |
| AL D medica edical burns; hysicic | Z | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| A Eode | ATION | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| □ 5 - € ° ° ° ° | O A | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINI | DINGS CONSIDERED |
| FUNER ne chief by a n 2) Body re the F physicic | ERTIFIC | WAS PERFORMED TIN CERTIFYING CAUSE | S OF DEATH? |
| FU (2) | Ü | 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in on obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? | ity, give exact location) |
| == - 5 0 0 | A A | DEATH (notify medical examiner) | |
| | 3 0 | 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? | |
| ed artu | : ≥ | (APPROX) While At Not While | |
| | | Work L AT WORK | 24 1966. |
| | | 22. Certify that (1) (this to spring) of ended the deceased that | ************************************** |
| = 0 | 3 | | n death accurred on the date |
| st be a ased to lent of lent of death) | | and hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death. | |
| nust be a leased to ident of hospital hospital | | | 3-31.66 |
| e must b released accident a hospi or to despi | ; | TO 17 CO THE THIS. | 3-31.66 |
| An a prior | | 23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS | |
| rificate y was r 1) An a 2.A. at d d prior | | Dr. C. Dordon M.D. 611 Tark ave | |
| certific body w vs. (1) A D.O.A. | | A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, 1) | town, or county) (State) |
| cert Sody Sody | 1 | BURIAL 3/2666 WOODLAWN BALTO CO | Nich- |
| This certif the body shows: (1) was D.O./ deceased | 25 | A. DATE REC'D BY HEALTH GEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR | ADDRESS |
| ± ± 5 ≥ 5 3 | | ADD B 1998 P. D. J. E. Farling M. Paul E. Chenowich 3rd- | 3617 Chestrutan |
| | VS | | |

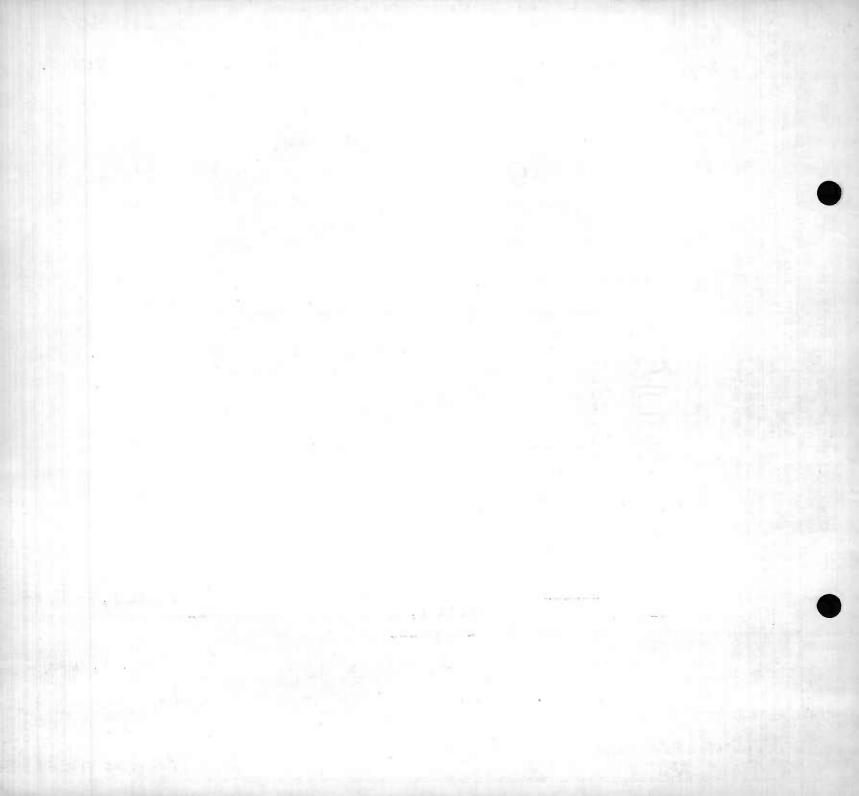


| BIRTH NO. | 66 09 | 2867 | | TE OF DEAT | | 112447 |
|--------------------------------|--|--|----------------------------|--|------------------------------------|--|
| M.E. CASE NO. | |), Y., Y. (| CERTIFICA | | TE AND HOUR OF DEAT | |
| (Tuno or Print) | | AIMAS | TER | | | 10 (I)() |
| PLACE OF DEA | TH IN BALTIMORE, MAR | YLAND | | 4. USUAL RESIDENCE A. STATE B. | PRIL Z 19 (Where deceased lived If | institution: residence before admissio |
| FULL NAME OF | (If not in hospital o | or institution, give | street | | BALTIMORE | RURAL and give township) |
| TITUTION | | | | WHITE MAI | | 63-0 |
| THE JO | HNS HOPKIN | s Hospi | TAL | D. STREET ADDRESS | (If rural, give location) | LO PHILADELPHIA |
| SEX | 6. RACE | 7. MARRIED, NE | VER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | |
| MALE | WHITE | WIDOWED, D | IVORCED (specify) ED | 18-5-98 | lost birthdoy) | If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min, |
| | PATION (Give kind of work vorking life, even if retired) | 108, KIND OF BU | SINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | er foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Track-mas | n (BYO. R.R | | | md. | | 21. 8. 9. |
| 3. FATHER'S NAM | | | | 14. MOTHER'S MAIDE | N NAME | |
| PHILI 15. Was Deceased | Ever in U. S. Armed Forc | :es? 16. | SOCIAL | 17. INFORMANT | | ADDRESS |
| Yes, no or unknown) | (If yes, give wor or dotes | | SECURITY NO. 17-03-1831 | Daughte | w (Same | as aliones) |
| 1B. 163 | XI | | | F DEATH | () | INTERVAL BETWEEN ONSET AND DEATH |
| | E OR CONDITION DIRI | ECTLY | ()ram | egaine Ac | and the mo | 5 DAYS |
| (This daes no | at meen the made of asthenia, etc. It means | | DUE TO | BRADN | TUMOR | |
| injury ar camp | plication which caused | | m CA6 | Amouses | LUNG | KNOWN APPROX |
| | R CONDITIONS, if a | any aivina | DUE TO | <u> </u> | | TWO WEEKS |
| rise la lhe | abave cause (A) | | (CI | LLANE A.S.O. A.A.D. O. | | |
| OTTO ENCHINO | 11 | | | | • | |
| OTHER SIGNIF | ATH BUT NOT RELA | TED TO THE | CHOMIS | 0 1 11 110 0 | SECTION CT | |
| | OPERATION 19B. CONT | DITION FOR WHI | | 20A. AUTOPSY? (Yes | or No! 20B. IF YES. WER | E FINDINGS CONSIDERED ;AUSES OF DEATH? |
| EP3-28 | 5-66 CARO | AMOUTE | LUNG | 4.05 | | |
| OR CONTRIBUTE | TING CAUSE OF | home, | farm, foctory, street, o | n or obout \$1 C. WHERE I | UR? | ore City, give exact location) |
| 21 D. TIME | (Month) (Doy) (Year) | (Hourl 21E, IN | JURY OCCURRED | 21F. HOW DI | ID INJURY OCCUR? | |
| OF INJURY | | While Work | At Work | | | |
| 22. 1 certify | that (1) (this haspital) | | - | MARCH 27 | 19 66 to AP | |
| | last sow the decease | | APRIL 2 | | | pinion deoth occurred on the da |
| and haur and | from the couses state | ed obave. <u>(1)</u> (\ | Ve) (did) (did not) | view the body ofter d | eoth. | 23B, DATE SIGNED |
| An | F. Nothers | | M.D. Att | ending Med. | Staff Phys. | APRILZ, 1966 |
| 23C. PHYSICIAL NAME (Ty | N'S | | | 23D. ADDRESS | | |
| DON | E. DETY | MER | M.D. | 0011113 | | |
| 24A. BURIAL CREA REMOVAL (S | MATION, 248. DATE | 24C. NAMI | of CEMETERY of CR | EMATORY | 24D. LOCATION | (City, town, or county) (Stote) |
| Burial 25A, DATE REC'D | BY HEALTH DEPT. | 25B, NAME OF | lles MA | emosial DIR | Tel lus | Md, |
| APR | 6 1966 Q.O. | . 4 90 | Part 14.0 | Connelle | Sons 300 m | Jack One Bach |
| VS 150-REV. 1/1/6 | - 18 VV (167 9/3) | A STATE OF THE STA | 447 | 1. | 1 | and the state of |

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| - | 2401 | |
|-----------------------------|--|--|
| | hospital and use of death (5) Deceased dance on the death. Such | M 1. (T (3. |
| • | contributing ca contributing ca stermined cause regular atten- ceased prior to | 15. 10 dd |
| | ct or ct or Und vas in | 113 |
| RTANT | the direction of the di | 1.5 (Y |
| IMPO | Also, if re of any nounced attenda | |
| FUNERAL DIRECTOR: IMPORTANT | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such exists an accident of the physician was in regular attendance on the deceased prior to death. | NO PARTIES AND |
| | edy w (1) A. O.A. sed p | 2 |
| | This chibe by the by was E lecea | 2 |
| | -+ N > O > | ' |

| | BALTIMORE CITY | HEALTH DEPARTMENT | | |
|--|---|--|--|---|
| BIRTH NO. 66 03448 | CERTIFICA | TE OF DEATH | Registered Na | 6 13448 |
| M.E. CASE NO. 1. NAME OF DECEASED | | W. | D HOUR OF DEATH | |
| (Type or Print) | BOSWELL | | | 7.20 4 |
| GROVER CLE VELAND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND | DOSWELL | 4. USUAL RESIDENCE (Where | e deceased lived. It in | 7:30 A. M |
| | | A. STATE B. COUNT | 3 | n n |
| FULL NAME OF (If not in hospital or instituted to the second of the seco | tion, give street | 7 -1 | alto. | TIH. |
| INSTITUTION | | C. CITY OR TOWN (If out | side city limits, write l | RURAL and give township) |
| ardleigh Mursin | ra Home | D. STREET ADDRESS (III | rurol, give location) | 22-00 |
| 1× | J No ma | // | wood a | |
| | | | | |
| 6. RACE 7. MAR WIDE | RIED, NEVER MARRIED OWED, DIVORCED (specify) | 8. DATE OF BIRTH | 9. AGE (In years lost birthday) | tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| Male Thile on | arried | 4/7/83 | 82 | |
| OA, USUAL OCCUPATION (Give kind of work 10B, KIN lone during most of working life, eyen if retired) | D OF BUSINESS OR INDUSTRY | 11. BIRTHPLA CE (State or foreig | gn country) | 12, CITIZEN OF WHAT COUNTRY? |
| Beth Strell (Petroe) | | It Va. | | 7/10 |
| 3. FATHER'S NAME | | 14. MOTHERS MAIDEN NAM | | 10.8.9. |
| > | | 3 | | |
| | | | | |
| 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of serv | ice) 1 6. SOCIAL | 17. INFORMANT | 1 | ADDRESS |
| | 213-09-2767 | Will X | fame a | o alive) |
| 18. / 5 3 0 1 | CAUSE O | F DEATH | | INTERVAL BETWEEN |
| DISEASE OR CONDITION DIRECTLY | | | | ONSET AND DEATH |
| LEADING TO DEATH | Car | cinoma of des | cending | 6 mo. |
| (This does not mean the made of dying, | e.g., DUE TO 1 | cinoma of des on with gener | cenariis | |
| heart failure, asthenia, etc. It means the disc injury or camplication which caused death.) | | astasis | alizeu | |
| ANTECEDENT CAUSES | (B) | a50a515 | | |
| | DUE TO | | | |
| DISEASES OR CONDITIONS, if any, gi | | | | |
| UNDERLYING CONDITION last. | | ###################################### | >************************************* | |
| | | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO | | | | |
| A DISEASE OR CONDITION CAUSING II. | , INC | | | |
| 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED | FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes or No | IN CERTIFYING CAL | FINDINGS CONSIDERED |
| Feb. 1966 WAS PERFORMED | Carcinoma | No | | |
| OR CONTRIBUTING CAUSE OF | 21B. PLACE OF INJURY (e.g., in | fice bldg. INJURY OCCUR? | (If in Boltimore | City, give exact location) |
| DEATH (notify medical examiner) | etc.) | | | |
| 21D. TIME (Month) (Doy) (Year) (Hour) | 21E INJURY OCCURRED | 21F. HOW DID INJU | URY OCCUR? | |
| \$ 0.1 | White At Not Whil | | | |
| (APPROX.) | Work At Work | | | |
| 22. I certify that (I) (this hospital) attend | | rch 21 1 | 9 66 to A | pril 4, 19 66 |
| that (1) (we) last saw the deceased alive | an April 1, | 19 66 and the | at in (my) (+o ++) api | nian death occurred an the dat |
| and haur and from the causes stated above | | iew the bady after death. | | |
| 23A. SIGNATURE | A . | | | 23B. DATE SIGNED |
| 20. 1190 | A M.D. AH | | Stoff | Apr. 4, 1966 |
| Joeg C- | | | Phy s. | p1 . 4, 1900 |
| 23C. PHYSICIAN'S NAME (Type) | - (/ | 23 D. ADDRESS | | |
| Lloyd E. Sa | ylor, M.D. | 3902 Greenmo | unt Avenue | е |
| 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) | C. NAME OF CEMETERY OF CR | MATORY 24D. LO | OCATION (C) | ty, town or county) (Stote) |
| 3.101-0 4/7/11- | Marela Im | marial / | Bulla | md. |
| 25A, DATE REC'D SY HEALTH DEPT. 25B, NA | ME OF REGISTRAR | 25C. FUNERAL DIRECTOR | 0 | ADDRESS |
| ADD R 1888 A O P O | Fall was | Comelles 30 | macul | he. Bet 21 |
| MLU 0 1200 (12/20 0, 5 | " domesting | formical sor | , ,,,,,,,, | 7000 |
| VS 150-REV. 1/1/65 | | (/ | | |



LT LAULE TOR 27-37-94 21-1-1-1 + 10- 3. 7=18 MIN N 19

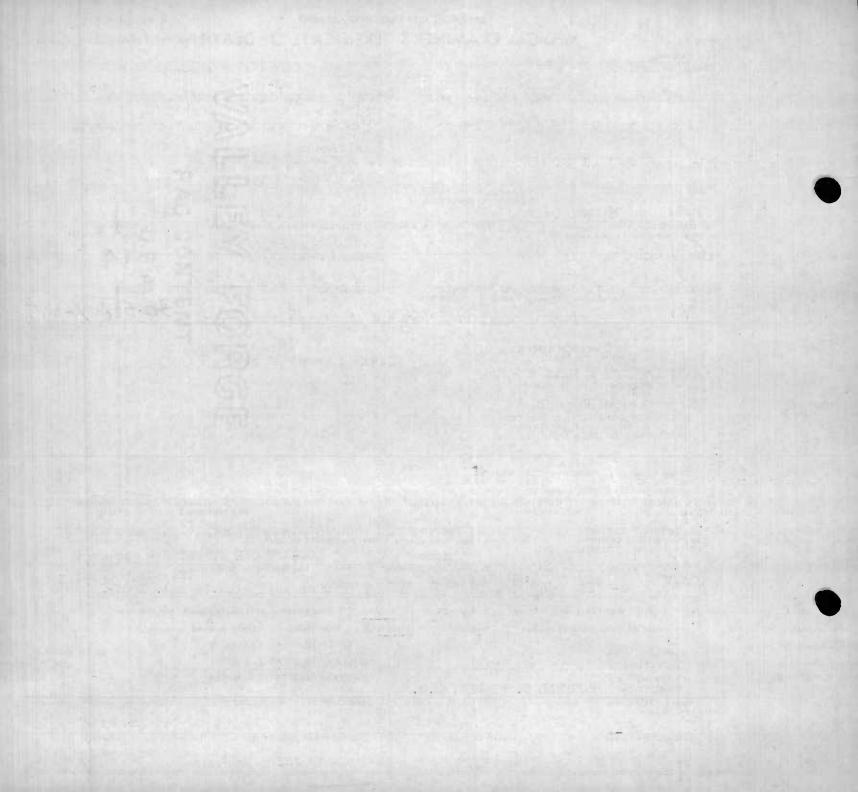
IMPORTANT

DIRECTOR:

FUNERAL

Sala Rep Server statement some 31-10 the Regular Allers

| | 3451 | NCAL E | BALTIMORE CITY HEA | | | | | 3451 |
|-----------------|--|-----------------|---|-----------------------------|------------------|---------------------------------|---------------|---|
| BIRTH NO. | WEI | JICAL I | EXAMINER 3 | CERTIFICA | IE OF I | DEATH Register | ea 140 | |
| M.E. CASE NO. | CEASED | | | | 2 DATE AN | D HOUR PRONOUNCE | D DEAD | |
| (Type or Print) | | ETER | KROLL | | 3-28 | | | 4:30 A. M. |
| 3. PLACE IN BAL | IMORE MARYLAND, | | | 4. USUAL RESID | | deceased lived. If insti- | tution: resid | |
| | | | | Maryland | | B. COU | NTY | V |
| FULL NAME OF | ADDRESS OR LO | ITAL OR INST | TTUTION, GIVE STREET | | | e corporate limits, write | RI RAL on | d give township) |
| INSTITUTION | | | | Baltimor | e | d' | 6- | 36 |
| 63 | 03 TOONE ST | REET | | D. STREET ADD | RESS (If rurol, | give location! | | V 7 |
| 0.0 | | | | 6303 Too | ne Stre | et 21224 | + | |
| 5. SEX | 6. RACE | | D, NEVER MARRIED | B. DATE OF BIRT | Н | 9. AGE (In years lost birthday) | | 1 Yr. If Under 24 Hrs. Doys : Hours , Min. |
| Male | White | WIDO WEL | , Divoke ED (Specily) | 8-18-1 | 898 | 67 | | |
| | | | OF BUSINESS OR INDUST | RY 11. BIRTHPLACE | (State or foreig | gn country) | 12. CITIZE | N OF T COUNTRY? |
| | working life, even if relired MAN | SHI | PFITTING | MARY | LANG | | 1 | SA |
| 13. FATHER'S NA | AE _ | 1-7 | 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 14. MOTHER'S M | | | | |
| TAC | 2013 F. | | | DOR | AKA | CHER | | |
| 15. WAS DECEAS | D EVER IN U.S. ARM | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | | | ADDRESS | |
| A/A | (If yes, give wor or d | ores or service | 113.00 860 | 5 Me FRE | D. J. | Keny 3 | 053 | LAVLOR |
| 118. | 1/ V | | CAIL | SE OF DEATH | D. VII | III ULL | | INTERVAL BETWEEN |
| Eg | 16 1 | | CAO | JE OF BEATH | | | 1000 | ONSET AND DEATH |
| DISEA | SE OR CONDITION LEADING TO DEA | DIRECTLY TH | | Sunshot wou | and of h | head | | |
| (This does | not mean the mode, osthenio, etc. It med | of dying, e. | DUE TO | fullSiloc wou | ild OI I | ieau | | *************************************** |
| injury or co | mplication which couse | d deoth.) | | | | | | |
| | ANTECENDENT CAU | SES | | | | | | |
| DISEASES | OR CONDITIONS, IF | ANY, GIVIN | | | | | | |
| UNDERLYI | NG CONDITION LAS | T. | E . | | | | | |
| Z | | | (C) | | | | | #0000#00000000000000000000000000000000 |
| OTHER SIG | II NIFICANT CONDITION | IS CONTRIBU | TING | | | | | |
| O THE | DEATH BUT NOT | RELATED TO | | | | | 100 | |
| | R CONDITION CAUSI | | R WHICH OPERATION | 20A, AUTOPSY | ? (Yes or Nol | 20B. IF YES, WERE FIN | IDINGS C | ON SIDERED |
| 2 2 | | ERFORMED | | | | IN CERTIFYING CAUS | | |
| ZIA. EXTERNA | L CAUSE WAS | 21 | B. PLACE OF INJURY (e.g. | yes , in or obout 21C. V | WHERE DID | (If in Boltimore City, giv | e exoct lo | cotion) |
| | MOR CONTRIB- | ho | C./ | | | ייי מיין מייין אור | | |
| E 21 D TIME | (Month) (Doy) (Y | eor) (Hour) | Home | | TOT CAC | IRY OCCUR? | | THROOM |
| OF INJURY | | 4:20 | | | | Was | | ondent - |
| | 3- 28 '0 | 66 AM m | WHILE AT NO | WORK X Sho | t self | with.38 cal. | . Ives | |
| 22. I cer | tify that I held an | Inquiry _ | Inspection A | utopsy X an | d that on th | is bosis, death in m | y oplnior | volver |
| | Ited from: Notural | | | ide X Hamici | ide 🗌 | Undetermined manne | r 🗌 | |
| | | 7,/ | 1 | CHIEF M | EDICAL EX | CAMINER X | | |
| ACTUA | | Men | lun | D. ASSISTANT M | | Princip | | DATE SIGNED |
| SIGNAT | | | М. | ASSOCIATE M | | | | 3-28-66 |
| NAME (| Type) RUSSE | LL S. F | ISHER, M.D. | AJJOCIA I E N | | | | |
| 23A. BURIAL CR | MATION, 23B. DATE | | 23C. NAME OF CEMETER | O CREMATORY | 23D. I | OCATION (City, | town, or | county) (Stote) |
| REMOVAL (Speci | 1 3-3 | 1-1966 | CAKLAWN | EMETER | PY /5 | ALTIMORE | - (ou | MTY. MD |
| 24A. DATE REC'D | BY HEALTH DEPT. | 248, NAA | AE OF REGISTRAR | 24C, FUNER | AL DIRECTOR | } / | A | DDRESS |
| ADD | S tope A | | 7.0 | 10 | -une L | lerr. | 22 | e Hungari |
| AFR | प दिएक एर. १ | -41 1 his | Malkeyth | LLARE | NCE // | OF FMANN | 041 | o /Inwon |
| VS 151-REV. 1/1 | /65 A | 4 | | 10 10 10 | | | | |



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Burial

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

4/6/66

258, NAME OF REGISTRAR

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Was

of death Deceased and

hospital

E O

ance

death.

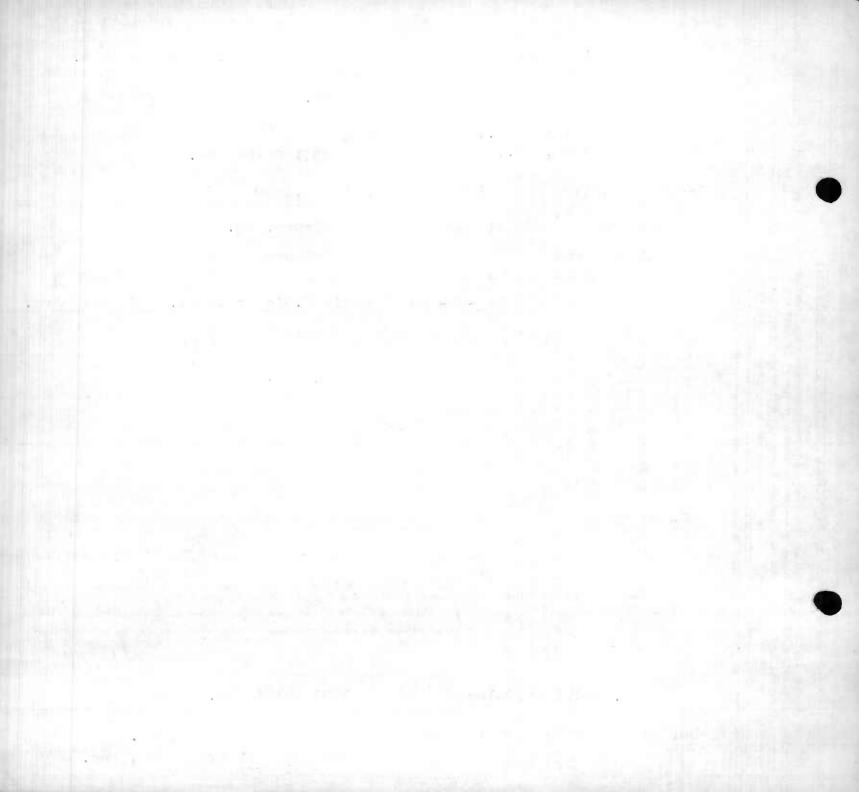
BALTIMORE CITY HEALTH DEPARTMENT 66 3452 Registered NoGG 113452 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type er Print) MARY LOUISE COLLIN April 2, 1966 a. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceesed lived, If institution: residence before admission) Md. FULL NAME OF (If net in hospital er institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL end give township) Baltimore 3501 Pelham Ave., D. STREET ADDRESS (If rurel, give lecetien) Baltimore, Md., 21213 3501 PelhamAve. S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Heurs WIDOWED, DIVORCED (specify) Months Deys female white widowed July 23,1890 10A. USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or fereign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife at home Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Byrne Unknown ADDRESS 34 15. Was Deceased Ever in U. S. Armed Ferces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Marie C. Siegert, dght. 2710 Fifth Ave. 218-05-6638 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heerl failure, esthenie, etc. It means the diseese, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) steling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes er No) 198. CONDITION FOR WHICH OPERATION 208. FF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID (If in Boltimore City, give exact lecation) home, ferm, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical exominer) 21 D. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hespital) attended the decreased from that (1) (we) Tast saw the deceased alive on. and that in (my) (sor) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUR 238 DATE SIGNED Attending M.D. Med. Stoff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Dr. Melvin F. Polek 3603 Belair Rd. M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY et CREMATORY 24D. LOCATION (City, tewn, or county)

Holy Redeemer Cemetery

Baltimore, Md.

Schimunek Funeral Home, Inc.

3331 Brehms Lane

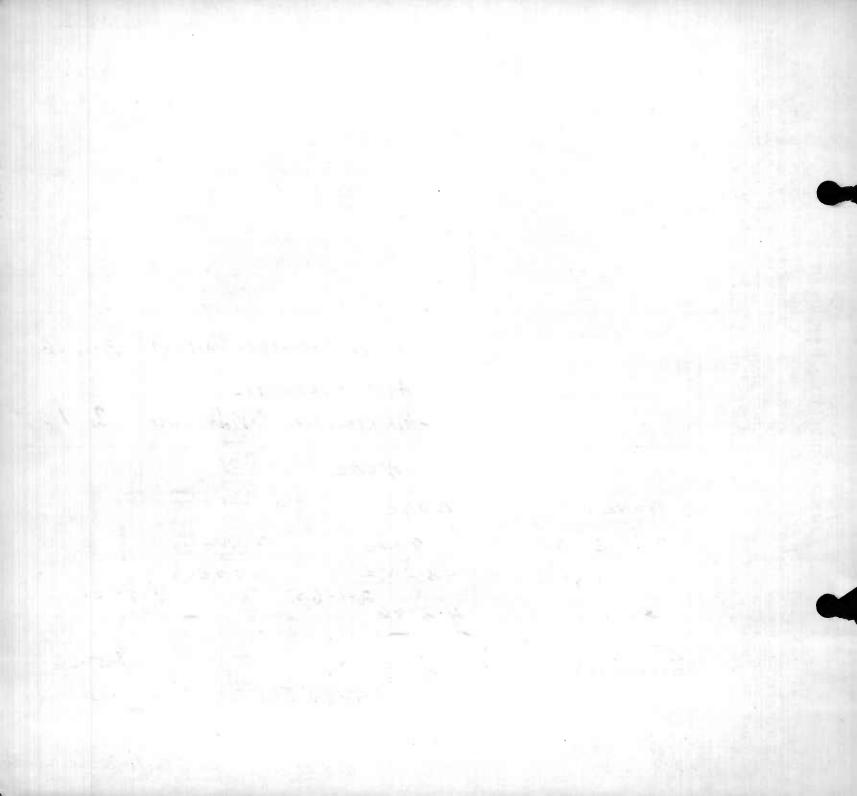


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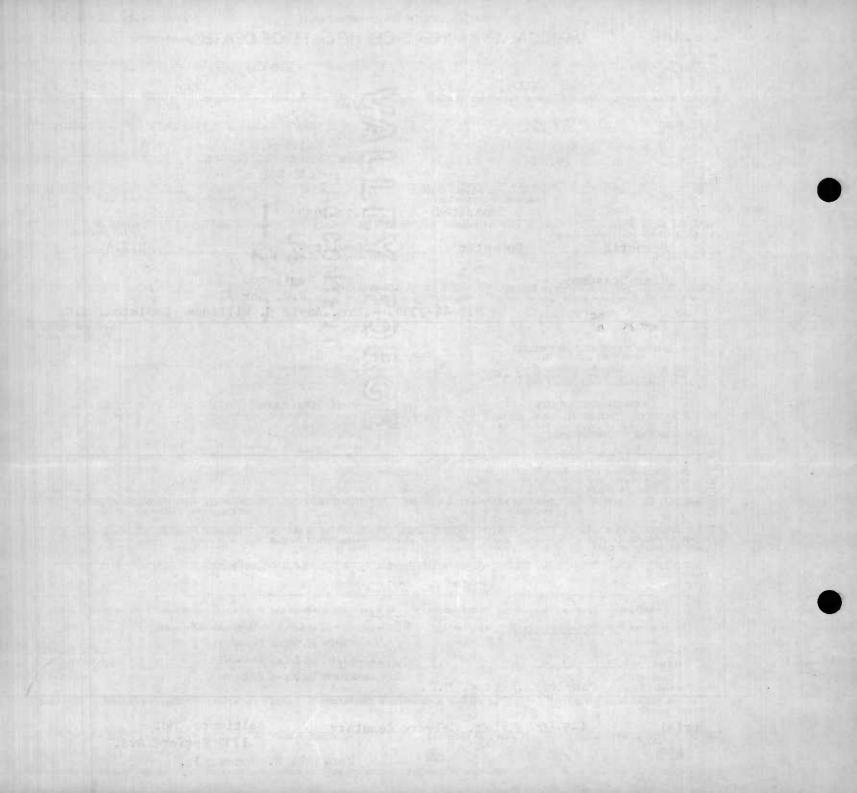
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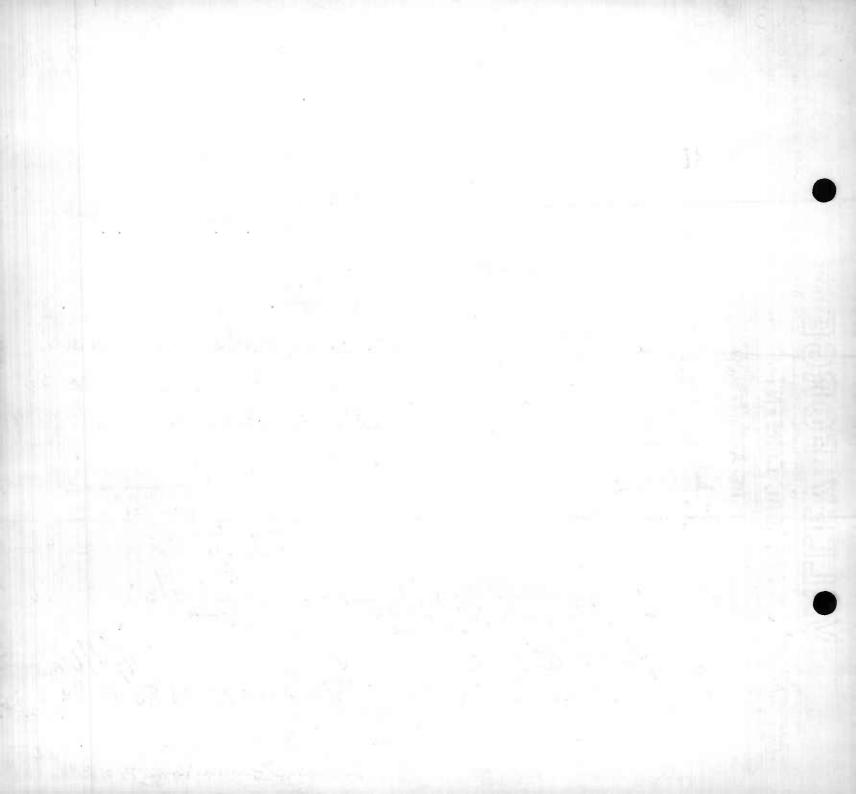
WACE TASKED TO THE office for the state of the sta Tana day (5-1) - 1900 William makes with the broken the territory Soft and denote the part of the state of the

VS 150-REV. 1/1/65



| BIRTH NO | WEDI | CAL E | CAMINER'S CE | RIIFICA | IE OF L | PEA IH Registe | ered Na | |
|---|--|---|---|--|---------------|--------------------------|--------------------|---------------------|
| M.E. CASE NO. | CEASED | | | | 2. DATE ANI | HOUR PRONOUNC | ED DEAD | |
| (Type or Print) | ROSA | ELLA | THOMPSON | | March | 31, 1966 | 9:25 | Р |
| 3. PLACE IN BALT | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission a. STATE Maryland | | | | | | |
| FULL NAME OF HOSPITAL OR INSTITUTION | UTION, GIVE STREET | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give lacotion) 3601 Edmondson Avenue | | | | | | |
| 3601 E | | | | | | | | |
| 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) | | | | B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. In the state of the state | | | | |
| Female | emale Negro Separated | | | 4-28-193 | | 33 | | |
| | JPATION (Give kind of work vorking life, even if retired) | 10B KIND O | F BUSINESS OR INDUSTRY | WHA | | | 12. CITIZEN OF | RY? |
| Dom | estic NE | Domes | stic | Lewiston, N.C. U.S.A. | | | | |
| Kin | g Sessomes | | | Sarah S | Smallwoo | d | | |
| 15. WAS DECEASE | D EVER IN U.S. ARMED | | 16. SO CIAL SECURITY NO. | 17. INFORMANT | P.O. Bo | | ADDRESS | |
| no | | | 223-44-3399 | Mrs. Ar | | | ewiston, N. | C. |
| 18. 2.5 | 0.0; | | CAUSE | OF DEATH | | | | BETWEEN ND DEATH |
| DISEA | SE OR CONDITION DIE | RECTLY | Hemorr | hago | | | | |
| heort failure, injury or cor A DISEASES RISE TO TH | not mean the mode of osthenia, etc. It means in plication which coused a control of the coused of th | the disease, death.) S NY, GIVING | DUE TO (B) Deliv | ery of M | acerated | Fetus and | Placenta. | |
| | ll l | | (C) | | **** | | | |
| O THE | NIFICANT CONDITIONS OF THE PROPERTY OF THE PRO | ATED TO T | NG HE | ********** | | 0000000 | | |
| 19A. DATE OF | OPERATION 198. CON WAS PERF | DITION FOR | WHICH OPERATION | 20A. AUTOPSY | | 208. IF YES, WERE FILL | SES OF DEATH? | Yes |
| 21A, EXTERNA UNDERLYING UTING CAU | | 21 B. home etc.) | PLACE OF INJURY (e.g., i , form, factory, street, at | fice bldg., INJUR | WHERE DID (| If in Baltimare City, gi | ve exact lacation) | |
| 21 D TIME OF INJURY (APPROX.) | (Month) (Doy) (Year | | WHILE AT NOT WORK AT WO | VHILE | OW DID INJU | RY OCCUR? | | |
| 22. I cert | ify that I held an Ir | | | | d that on thi | s basis, death in m | ny apinian | |
| resul | ted fram: Natural cau | ses X | ccident Suicide | ☐ Hamic | ide 🗌 U | ndetermined manne | er 🗌 | |
| ACTUAL | | cles) | Leely M.D. | CHIEF M | EDICAL EX | | DATE 4/1/ | SIGNED |
| EXAMIN NAME (| ER'S | S. Pet | ty, M.D. | ASSOCIATE A | | | 7/1/ | |
| 23A. BURIAL CREATER REMOVAL (Specify | | 23 | C. NAME of CEMETERY of | CREMATORY | 23 D. LO | CATION (City, | , town, or county) | (State) |
| Burial | 8Y HEALTH DEPT. | 24B NAME | It. Calvary Ce | metery | Ba Ba | ltimore, Md | ADDRESS | |
| APR | 6 1988 (2.0. | | Calley Mills | | | 1735 Harfor ones, Jr. | d Ave. | |
| VS 151-REV. 1/1/ | 65 | | | | | | | |





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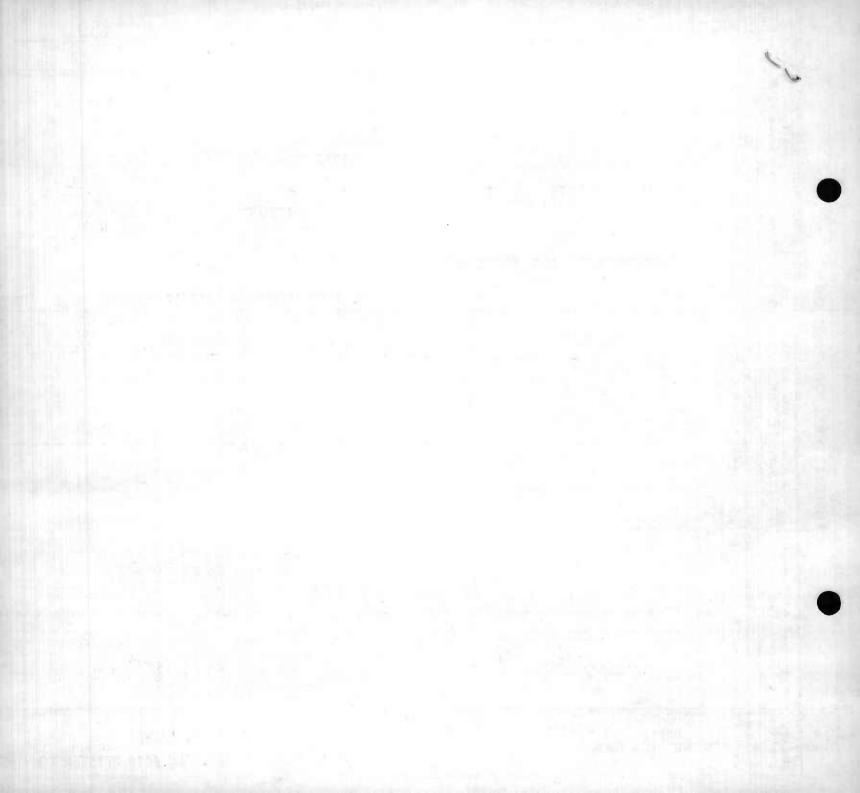
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AND THE PROPERTY OF THE PROPER

Michigan II. 53

| 1, N | AME OF DECEASE | ALICE | HELENE | • | 2. DATI | AND HOUR OF DEAT | TH _ // |
|-----------------------|--|--|--|--|--|---|---------------------------------------|
| (Тур | BABY | Girc (| ru66 | ENHEIN | L, | 1/3/66 | 19- |
| 3. P | LACE OF DEATH | IN BALTIMORE, MA | RYLAND | | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before A. STATE B. COUNTY | | |
| H | ULL NAME OF TOSPITAL OR NSTITUTION | (If not in haspital oddress or lacotion | or institution, n) | give street | C. CITY OR TOWN | f outside city limits, writ | A CTIMOR te RURAL and give town |
| 4 | 2 | SINAI HO | SPITAL | | D. STREET ADDRESS | (If rural, give location) | 477 - |
| 5, 5 | EX 6. R. | ACE | 7. MARRIED, | NEVER MARRIED | B. DATE OF, BIRTH | 9. AGE (In years lost birthday) | APT F |
| 16A. | TEMALE USUAL OCCUPAT | WHITE TION (Give kind of work | SI | O, DIVORCED (specify) NGLE BUSINESS OR INDUSTRY | 4/1/66 | - | Months Doys Ho |
| done | during most of working | ng life, even if retired) | | SNONE | MARYL | MORE AND | WHAT COUNT |
| 13. F | FATHERS NAME | | | | 14. MOTHER'S MAIDEN | NAME | - 12.0 |
| 1000 | | CHATEXXX LE | | | DEND | LER, 3 | BONIA |
| (Yes | , no or unknown) (If y | r in U. S. Armed Fare yes, give wor or date | ces? s of service) | SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | NO 18. 7 7 2 | 00 | 25-15 | 0 | MR. LEON GUGE | NHEIM 6733 | TOWNBROOK DR |
| | (This does not n | DING TO DEATH meon line made of tenia, etc. II meons | dying, e.g., the disease, | DUE TO | ESPIRATORY | DISTROSS | 340 # |
| | ANTI DISEASES OR (rise la the al UNDERLYING CO | ection which coused ECEDENT CAUSES CONDITIONS, if bave cause (A) ONDITION lost. | deoth.) any, giving stating the | (B) DUE TO | ZEMATUR | | 4(|
| | Injury or complice ANTI DISEASES OR C rise to the of UNDERLYING CC OTHER SIGNIFICA TO THE DEATI | CONDITIONS, if the bave cause (A) ONDITION lost. I CONDITIONS CHEST NOT RELATION CAUSING ITERATION 198. CON | any, giving stating the ONTRIBUTING TO THE TO THE TO THE TOTAL THE TRANSPORT OF THE TRANSPO | (C) | 28 MA TUR | | RE FINDINGS CONSIDER |
| ERTIFICATION | DISEASES OR CONTINUE TO THE DESTRUCTION OF THE DEATH DISEASE OR CONTINUE TO THE DISEASE OR CO | CONDITIONS, if bave cause (A) ONDITION lost. II ONT CONDITIONS CH BUT NOT RELABITION CAUSING I's RATION 198. CON WAS PERF | any, giving stating the ONTRIBUTING TO THE TO THE TO THE TOTAL TOT | G E WHICH OPERATION | 20 A. AUTOPSY? (Yes o | T No) 208. IF YES, WEF | |
| CAL CERTIFICATION | DISEASES OR CONTINUE TO THE DESTRUCTION OF THE DEATH DISEASE OR CONTINUE TO THE DISEASE OR CO | ECEDENT CAUSES CONDITIONS, if bave cause (A) ONDITION lost. II CONDITION CAUSING IT CONDITION CAUSING IT CAUSING IT CAUSING IT CAUSE OF CAUSE OF | any, giving stating the ONTRIBUTING TO THE TO THE TO THE TOTAL TOT | G E WHICH OPERATION PLACE OF INJURY (e.g., i.e., larm, foctory, steet, o | | T No) 208. IF YES, WEF | |
| CAL CERTIFICATION | OTHER SIGNIFICA TO THE DEATI DISEASES OR CO OTHER SIGNIFICA TO THE DEATI DISEASE OR CON 19A. DATE OF OPE 21A. A CCIDENT W OR CONTRIBUTING DEATH (notily med | ECEDENT CAUSES CONDITIONS, if bave cause (A) ONDITION lost. II CONDITION CAUSING IT CONDITION CAUSING IT CAUSING IT CAUSING IT CAUSE OF CAUSE OF | any, giving stating the ONTRIBUTING TED TO THE T. DITION FOR MED 218, hometic. (Hour) 21E, | CO WHICH OPERATION PLACE OF INJURY (e.g., integration of the control of the con | a or about 21C WHERE DI INJURY OCCU | T No) 208. IF YES, WEF | RE FINDINGS CONSIDER CAUSES OF DEATH? |
| MEDICAL CERTIFICATION | OTHER SIGNIFICATO THE DEATH OF CONTRIBUTING CO | CONDITIONS, if bave cause (A) ONDITION lost. II CONDITIONS CAUSE OF CAUSE | any, giving stating the ONTRIBUTING TED TO THE T. DITION FOR MED 218, hometic. (Hour) 21E, | WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont | 20 A. AUTOPSY? (Yes of Section 2) (Yes of Section 2 | IT No) 208. IF YES, WEB IN CERTIFYING (| |
| MEDICAL CERTIFICATION | OTHER SIGNIFICA TO THE DEATH DISEASES OR CONTRIBUTION OTHER SIGNIFICA TO THE DEATH DISEASE OR CON 19A. DATE OF OPE 21A. A CCIDENT W OR CONTRIBUTION DEATH (notily med 21D. TIME (Mc OF INJURY (APPROX.) | CONDITIONS, if bave cause (A) ONDITION lost. II NOT CONDITIONS CH BUT NOT RELANDITION CAUSING I'S RATION 198. CON WAS PERFORM CAUSE OF dical examiner) | any, giving stating the ONTRIBUTING STATE TO THE TENTE T | WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont | 20 A. AUTOPSY? (Yes of Section 2) (Yes of Section 2 | IT No) 208. IF YES, WEB IN CERTIFYING (| |
| MEDICAL CERTIFICATION | OTHER SIGNIFICA TO THE DEATH DISEASES OR CO TISE IN THE DEATH DISEASE OR CON 19A-DATE OF OPE 21A-ACCIDENT W OR CONTRIBUTING DEATH (notily med 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) we lost | CONDITIONS, if bave cause (A) ONDITION lost. II ONDITION SC. H BUT NOT RELA NOT RELA NOT CAUSING I RELATION WAS PERFORM (CAUSE OF Bical examinet) Onth) (Day) (Year) II Onth) (Day) (Year) | any, giving stating the ONTRIBUTING ITED TO THE T. DITION FOR MED (Hour) 21E, Wh. Wa) oftended tild olive on | WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont | 20 A. AUTOPSY? (Yes of Section | IN O 208. IF YES, WEF IN CERTIFYING () O (II in Bolting) INJURY OCCUR? | more City, give exact loc |
| MEDICAL CERTIFICATION | OTHER SIGNIFICATO THE DEATH DISEASE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING DEATH (notily med CF INJURY (APPROX.) 22. I certify that that (I) we lost and hour and fro | CONDITIONS, if bave cause (A) ONDITION lost. II ONDITION SC. H BUT NOT RELA NOT RELA NOT CAUSING I RELATION WAS PERFORM (CAUSE OF Bical examinet) Onth) (Day) (Year) II Onth) (Day) (Year) | any, giving stating the ONTRIBUTING ITED TO THE T. DITION FOR MED (Hour) 21E, Wh. Wa) oftended tild olive on | WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont | 20 A. AUTOPSY? (Yes of Section 20 A. AUTOPSY. (Yes of Section | IN O 208. IF YES, WEF IN CERTIFYING () O (II in Bolting) INJURY OCCUR? | more City, give exoct loc |
| MEDICAL CERTIFICATION | OTHER SIGNIFICA TO THE DEATH DISEASES OR CON OTHER SIGNIFICA TO THE DEATH DISEASE OR CON 19A. DATE OF OPE 21A. A CCIDENT W OR CONTRIBUTING DEATH (notily med 21D. TIME (APPROX.) 22. I certify that that (I) we lose and hour and fro | CONDITIONS, if bave cause (A) ONDITION lost. II ONDITION SC. H BUT NOT RELA NOT RELA NOT CAUSING I RELATION WAS PERFORM (CAUSE OF Bical examinet) Onth) (Day) (Year) II Onth) (Day) (Year) | any, giving stating the ONTRIBUTING ITED TO THE T. DITION FOR MED (Hour) 21E, Wh. Wa) oftended tild olive on | WHICH OPERATION PLACE OF INJURY (e.g., integration of the control | 20 A. AUTOPSY? (Yes of the control o | IN O 208. IF YES, WEF IN CERTIFYING () O (II in Bolting) INJURY OCCUR? | nore City, give exact loc |
| MEDICAL CERTIFICATION | DISEASES OR CONTRIBUTION OF INJURY (APPROX.) 21A. A CCIDENT WOR CONTRIBUTION OF INJURY (APPROX.) 22A. STONATURE 23C. PHYSICIAN'S NAME (Type) | CONDITIONS, if bave cause (A) ONDITION lost. II ONT CONDITIONS CHE BUT NOT RELA NOT CAUSING I'S ERATION 19B. CON WAS PERFORMED CAUSE OF dical examiner) II (I) (this hospital it saw the decease out the couses state and the couse | any, giving stating the ONTRIBUTING TO THE TO THE TOTAL | WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont | 20 A. AUTOPSY? (Yes of Section 19 19 19 19 19 19 19 19 19 19 19 19 19 | IN CERTIFYING (IN CERTIFYING (IN CERTIFYING (IN CERTIFYING (III in Bolting INJURY OCCUR? | opinion death occurre |
| MEDICAL CERTIFICATION | OTHER SIGNIFICATO THE DEATH OF THE DEATH OF OPE OF THE DEATH OF OPE OF THE DEATH (notily med OF THE DEATH (notil) med O | CONDITIONS, if bave cause (A) ONDITION lost. II NOT CONDITIONS CHE BUT NOT RELA NOT RELA NOT RELA NOT RELA NOT RELA NOT CAUSING I'S RATION 198. CON WAS PERFORMED CAUSE OF dical examinet) In (I) (this hospital it saw the decease of the couses stated to the couse stated to the couses stated to the couses stated to the couses stated to the couses stated to the couse sta | any, giving stating the ONTRIBUTING TO THE TO THE TOTAL | WHICH OPERATION PLACE OF INJURY (e.g., in the control of the cont | 20 A. AUTOPSY? (Yes of Some of the control of the c | INJURY OCCUR? 19 | opinion death occurre |



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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Suc

BALTIMORE CITY HEALTH DEPARTMENT 66 03462 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO.

1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH SHADMAN, IRENE (Type or Print) 2 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived If institution; residence before admission) B. COUNTY Rill of in Aosp al Pinstillio MENDED MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION STNAT HOSPITAL D. STREET ADDRESS (If rurol, give location) 5340 NELSON AVENUE B. DATE OF BIRTH/900 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yi. Months: Doys If Under 24 Hrs. Hours Min. DIYORCED (specify) Hours FEMALE WHITE 5/25/1907 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? AT HOME LITHUANIA -USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY MIZANSKY MARY 8 SOCIAL ECURITY NO. 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS (Yes, no or unknown) (II yes, give wor or dates of service) MR. SAMUEL SHADMAN 5340 NELSON AVENUE NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DUE TO (This does not mean the mode of dying, e.g. heart failure, osthenia, etc. it means the disease injury or complication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, la the obave cause (A) stating Chi UNDERLYING CONDITION lost. left lever lobe OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. THE AUSING IT.

198. CONDITION FOR WHICH OPERATION Duodenal Willer 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED **OPERATION** WAS PERFORMED Siture lig. of War IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 200 WHERE DID Home, form, foctory, street, office bldg., INJURY OCCUR? 21 A CIDIN WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH Inotify medical examined MEDIC. 21D. TME (Month) (Doy) (Year) [Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work Work 22. I certify that (I) (this haspital) attended the deceased from that (i) (we) last saw the deceased alive an. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D/ LOCATION (City, town, or county) REMOVAL (Specify) ROSEDALE. MARYLAND PROGRESSIVE RUDOMER VEREIN 4/4/66

VS 150-REV, 1/1/65

25A. DATE REC'D

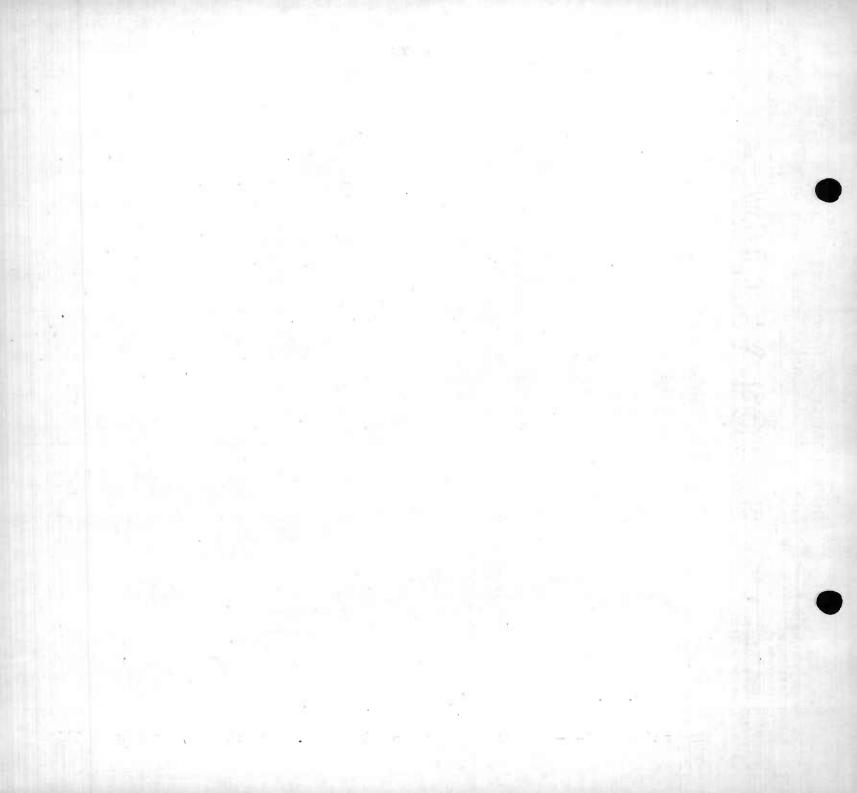
HEALTH, DEPT.

258. NAME OF REGISTRAR

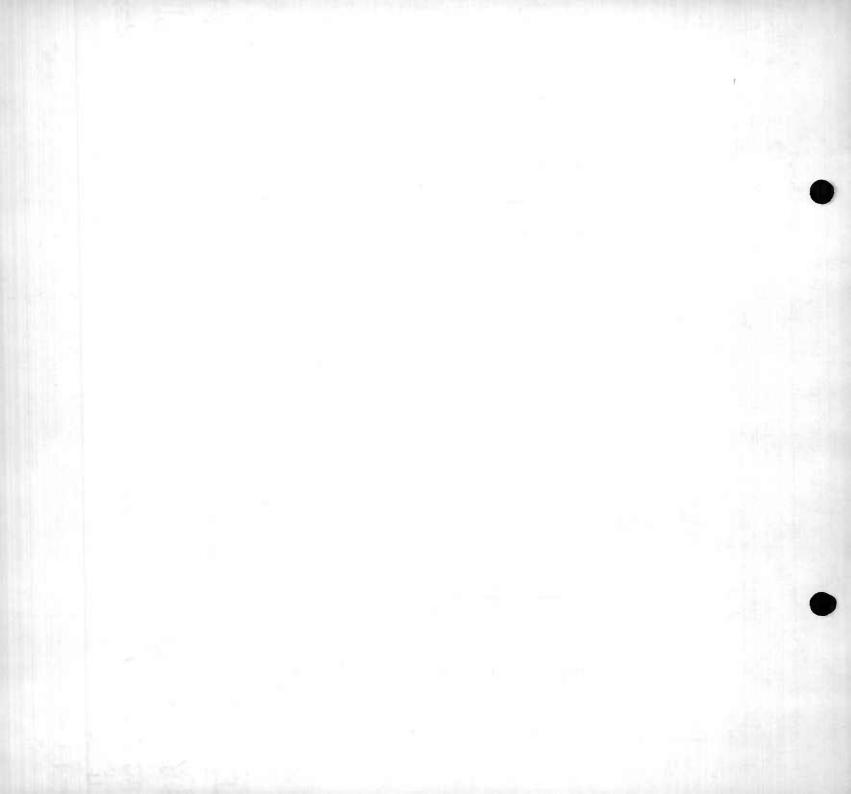
BROS. INC. 6010 RETSTERSTOWN

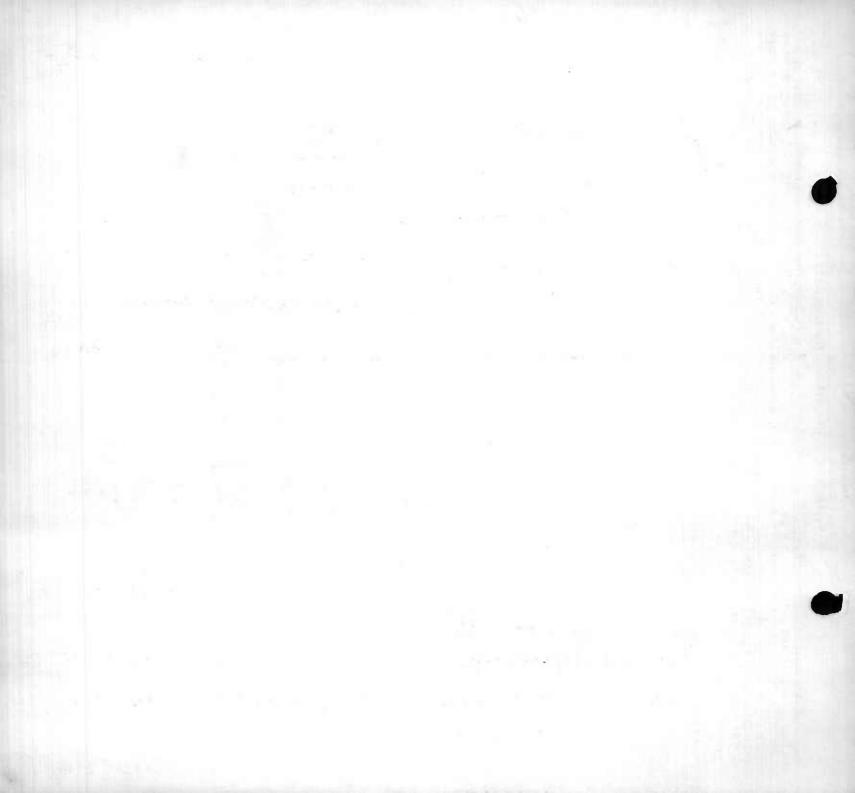
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| 68, 60 | 2463 BALTIMORE C | CITY HEALTH DEPARTMENT | 1 227 | 0.4003 |
|--|--|--------------------------------------|----------------------------|---|
| BIRTH NO. IME CHINAL SHAP | CERTIFIC | CATE OF DEATH | Registered Not | 113463 |
| M.E. CASE NO. | lawa | V | D HOUR OF DEATH | |
| Type or Printl Rober | aid Dale | E AININ 4 Ani | 166 | 1201 |
| . PLACE OF DEATH IN BALTIMORE M | ARYLAND | 4. USUAL RESIDENCE Where | deceased lived, If insti | itution: residence before admission |
| | | RURAL | .1 | A.A |
| HOSPITAL OR oddress or locoti | l or institution, give street on) | | side city limits, write RU | IRAL ond give township) |
| INSTITUTION THE LOUNG HODIZING | HOCDITAL | ANNE ARUN | | 57-10 |
| THE JOHNS HOPKINS | | D. STREET AOORESS (If re | ural, give location) | 7 7 10 |
| 9601 N. BROADWAY | 21205 | 101 LAWRENCE | CE AVE ANN | APOLIS MD. |
| SEX 6. RACE | 7. MARRIED, NEVER MARRIED | 8. DATE OF BIRTH | ost birthdoy) | If Under 1 Yr. If Under 24 H Months! Ogys. Hours! Min. |
| FEMALE WHITE | WPEVER MARRIED | 3 3/24/66 | ost bringey) | Months Ogys Hours Min. |
| OA, USUAL OCCUPATION (Give kind of wo | | TRY 11. BIRTHPLA CE (State or foreig | in country) | 12. CITIZEN OF |
| one during most of working life, even if retired) | | | | WHAT COUNTRY? |
| 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAM | A E | |
| | | HAZEL DAL | | |
| ANDREW L. DALE | 11/ | | | 4.0.000 |
| 5. Was Deceased Ever in U. S. Armed Format F | les of service) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |
| | | ME LILLED HE E | | |
| 18. 736 212 | CAUS | E OF DEATH | | INTERVAL BETWEEN |
| DISEASE OR CONDITION D | IRECTLY | -1 1 11 1 | 1 | ONSET AND DEATH |
| LEADING TO DEATH | (A) d | iarrhea o dehydr | thm | 6-8W5 |
| (This does not mean the mode of heart failure, asthenia, etc. It mean | s the disease | | | |
| injury or complication which cause | d death.) | june feedings | | 6 days |
| ANTECEDENT CAUSE | S DUE TO | Janes Janes 85 | | |
| DISEASES OR CONDITIONS, if | any, giving | wol- al apresia. | | |
| rise to the above cause (A) UNDERLYING CONDITION last. | stating the (C) | wo-ce aproper, | | ****************************** |
| | | | | |
| OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING | 11 = 010 | | ania ale |
| TO THE DEATH BUT NOT REI | ATED TO THE ANNA | histy, T-E fishela, | desound at | raina est |
| | NDITION FOR WHICH OPERATION | 20A. AUTOPSY? (Yes or No) | 208. IF YES, WERE FIN | NDINGS CONSIDERED |
| = 21 March 46 | dudual atrina | ges | ho | JES OF DEATH. |
| OR CONTRIBUTING CAUSE OF | 21 B. PLACE OF INJURY (e | g., in or about 21 C. WHERE DID | (If in Boltimore (| City, give exoct location) |
| DEATH (notify medical examiner) | | STA VI | 14 | |
| OF INJURY (Month) (Ooy) (Year | Hour 21E, INJURY OCCURRED | 21F. HOW DIO INJU | RY OCCUR? | |
| E (APPROX.) | While At Work | While | 1/4 | |
| 22. I certify that (1) (this hospital | 10//1 | 29 14 1 | 01.6 - A A | m1 1966 |
| that (I) we) lost saw the decease | 4 1 1 | 19 6 6 and the | 700 | |
| | | | in (my) (our) opini | an death accurred on the c |
| and haur and from the causes st | oted above. (IV(We) (did) (did no | t) view the body after death. | | |
| 23A. SIGNATURE | 0(10 - | A Monding | | 23B, DATE SIGNED |
| L AL | elle I M.O. | Phys. Director | Stoff Phys. | 4 April 1966 |
| 23C. PHYSICIAN'S NAME (Type) | | 23 D. ADDRESS JOHNS | HOPKINS H | IOSP I TAL |
| S. T. LEFF | LER | 601 N. BROA | | |
| 24A. BURIAL CREMATION, 24B. DATE | 24C. NAME of CEMETERY of | | | , town, or county) (State |
| REMOVAL (Specify) | 6 The Tehne II- | nking Hog Bal | timoro M- | myland 21205 |
| Cremation 4-5-6 | 6 The Johns Ho | 25C. FUNERAL DIRECTOR | сшиоте, Ма | aryland 21205 |
| APR 6 1988 AD 0 | F. Falourix | HASPITA | T THEDOGA | T |
| /\$ 150-REV. 1/1/65 | The state of the s | HONITA | n nioensa | |
| 9 130-KE 4: 1/1/03 | | | | |



| 100 | BALTIMORE CITY HEALTH DEPARTMENT 66 13464 |
|---|--|
| 75 2 2 4 | BIRTH NO. CERTIFICATE OF DEATH Registered No. |
| and eatl ase th th | M.E. CASE NO. 1. NAME OF DECEASED / 2. DATE AND HOUR OF DEATH |
| f death eceased on the h. Such | (Type or Print) Mary M, Larres apr. 3/66 19:00 A, M |
| 0 0 0 | 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. It institution residence before admission) A. STATE B. COUNTY |
| S | FULL NAME OF (If not in hospitor or institution, give street |
| a hose cause se; (5 | HOSPITAL OR oddress or location) INSTITUTION (If outside city limits, write RURAL and give fownship) |
| | Hoads Catonsville 23-11 |
| ting d cau | D. STREET ADDRESS (Hyrurol, give locotion) |
| ed ar | 53/3 Camondson 2/12 Pagewell au |
| pi i i b | 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min. |
| occur ontrib ermin regul | Wirgrad Jan. 28/85 8/ |
| dete | 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY (1) BIRTHPLACE Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| ם בים | Cetired Slamstress Germany WSU |
| he of | 13. FATHER'S NAME |
| dire dire dire dire ath on t | Julius Leskey Cugusta |
| D to | 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. |
| kir de de | 212-07-1243 (Olanon De Vanis Sant) |
| ced | CAUSE OF DEATH INTERVAL BETWEEN |
| nce | DISEASE OR CONDITION DIRECTLY |
| att | LEADING TO DEATH (A) Carebral artenously |
| 50 - | (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. II means the disease, |
| | injury or complication which coused death.) Arteriselerate, Candis-Vasc |
| ho | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving |
| 3) | DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) |
| 5 | UNDERLYING CONDITION lost. |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT SELATED TO THE |
| | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Disease or Condition Causing it. |
| | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED |
| 73 | WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? |
| Ξ, | OR CONTRIBUTION OF THE CON |
| 1 | DEATH (notify medical examiner) etc.) |
| - | D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| | While At Work Not While |
| | 22. I certify that (1) (this hospital) attended the deceased from Warch 14, 1966 to April 3 1966 |
| 0 | that (1) (we) last sow the deceased alive an April 2 19 6 and that in (my) (our) apinion death accurred an the date |
| | |
| The state of | 23A. SIGNATURE 23B. DATE SIGNED |
| | |
| 20.00 | Tara Caracteristics |
| 01 | 23D. ADDRESS NAME (Type) NAME (Type) A.D. 24D. BURIAL CREMATION, 24B. DATE / 24C.NAME of CEMETERY of CREMATORY 24D. DOCATION (City, town, or county) (Stote) |
| - | 24A. BURIAL CREMATION, 24B. DATE / , /24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Gity, town, or county) (Stote) |
| | |
| 4 | 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR. ADDRESS THE |
| 44.00 | DWILL 466 Toulon Tolor Salto. Na 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR APR 6 1655 C. C. C. T. C. MAR. DEPT. 125C. FUNERAL DIRECTOR LEGISTRAN 125C. FUNERAL DIRECTOR LEGISTRAN 125C. FUNERAL DIRECTOR ADDRESS CONT. 125C. |
| 4 | VS 150-REV. 1/1/65 |
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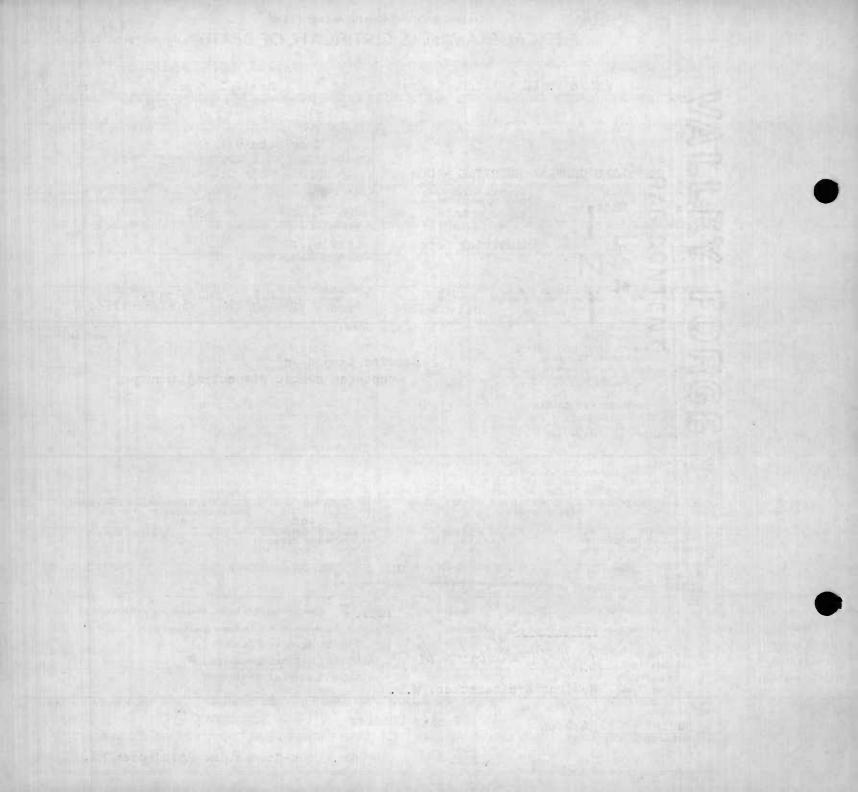


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| BIRTH NO. | MEDICAL | EXAMINER'S C | ERTIFICATE | OF DEATH Registe | ered No. | | |
|--|--|--|---|--|--------------------------------------|--|--|
| M.E. CASE NO. | | | | | | | |
| 1. NAME OF DECEASED (Type or Print) | | | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| AN | DRE S. DE V | ILLIER | April 2, 1966 3:50 P | | | | |
| 3. PLACE IN BALTIMORE, M | | DNOUNCED DEAD | A. STATE Virg | inia B. cou | litution: residence before admission | | |
| HOSPITAL OR ADDR | ESS OR LOCATION) | STITO HOLV, GIVE STREET | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charlottesville D. STREET ADDRESS (If rural, give location) RFD 4 Box 364 | | | | |
| 114/ | | | | | | | |
| 1000 | | SPITAL - DOA | | | | | |
| 5. SEX 6. RACE | | RIED, NEVER MARRIED PED, DIVORCED(specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | Months, Doys, Hours, Min. | | |
| Male Whit | e | marræed | May 22,190 | | | | |
| IOA. USUAL OCCUPATION (G | ive kind of work 108. KIN | D OF BUSINESS OR INDUSTR | | | 12. CITIZEN OF | | |
| done during most of working life, | even if retired) | studel Uetal | Paris,Fr | ance | WHAT COUNTRY? | | |
| Executive Chet | Ludus | strial Hotel | 14. MOTHER'S MAID | | U.S.A. | | |
| 3. FATHERS NAME | | | 14. MOTHER'S MAID | EN NAME | | | |
| 15. WAS DECEASED EVER IN | U.S. ARMED FORCES | ? 16, SO CIAL | 17. INFORMANT | | ADDRESS | | |
| (Yes, no or unknown), (If yes, giv | | | Preddy Fu | avinia G. De Vil neral Home, Gord | lier onsville, Va | | |
| 18. | AT 11 S | CAUS | E OF DEATH | | INTERVAL BETWEEN | | |
| 4 / / | NDITION DIRECTLY | | | | ONSET AND DEATH | | |
| | DENT CAUSES | e.g., DUE TO ri | ac tamponad | ic dissecting an | eurysm | | |
| UNDERLYING COND | DITIONS, IF ANY, GIVI CAUSE (A) STATING TITION LAST. | THE DUE TO | | | | | |
| <u>ō</u> | H | | | | | | |
| O TO THE DEATH O | CONDITIONS CONTRI | | | | | | |
| DISEASE OF CONDITI | N 198. CONDITION WAS PERFORMED | FOR WHICH OPERATION | 20A. AUTOPSY? (Y | es or No. 208, IF YES, WERE FIN CERTIFYING CAU YES | | | |
| Q 21A, EXTERNAL CAUSE O UNDERLYING OR CONT UTING CAUSE OF DE | RIB- | 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) | office bldg., INJURY O | RE DID (If in Boltimore City, g CCUR? | ive exact location) | | |
| 21 D TIME (Month) OF INJURY (APPROX.) | (Doy) (Year) (Hou | | WHILE VORK | DID INJURY OCCUR? | | | |
| 22. I certify that I | held on Inquiry | | □ ₹ } | nat on this bosis, deoth in i | my opinion | | |
| resulted from: | Natural causes X | Accident Suicio | | Undetermined mann | er 🗌 | | |
| ACTUAL | 1/Sili | lyluly | | ICAL EXAMINER | DATE SIGNED | | |
| EXAMINER'S NAME (Type) | Rudiger Bre | itenecker, M.D. | | ICAL EXAMINER | 4-3-66 | | |
| 23A, BURIAL CREMATION, REMOVAL (Specify) | 238. DATE | 23C. NAME of CEMETERY | | 23D. LOCATION (City Barboursville | , town, or county) (Stotel | | |
| Burial | 4/4/66 | Family Cem | netery | Darboursville | | | |
| 24A. DATE REC'D BY HEALT | | AME OF REGISTRAR | 24C, FUNERAL | DIRECTOR | ADDRESS | | |
| APR B 198 | 300000 | Fro Could | Wm. Cook | -Brooks Inc Balt | imore, Md. | | |

VS 151-REV. 1/1/65



IMPORTANT

DIRECTOR:

FUNERAL

RGB

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

9 Lie State Hall and the Hall and the of electronic Local Magnifications and Inch. Las Louisi Call - 217

| | 0.0 | 0400 | BALTIMORE CITY | HEALTH DEPARTM | ENT | SE MOREO |
|------------------|---|---------------------|---|-----------------------|---------------------------------------|---|
| BIRTH NO. | 66 0 | 3400 | CERTIFICA | TE OF DEA | TH Registered No | 66 03469 |
| M.E. CASE NO. | CEASED | | | 2. D | ATE AND HOUR OF DEAT | н |
| (Type or Print) | GOLDIE | HORN | E | | 4/3/1 | 7:40 A.N |
| 3. PLACE OF DE | ATH IN BALTIMORE, MA | , – | | 4. USUAL RESIDENCE | E (Where deceased lived. If | institution: residence before admission |
| FULL NAME O | OF (If not in hospital oddress or location | or institution, | give street | 0410 | . COUNTY | V- 32 |
| INSTITUTION | ougress of loconor | 17 | | C. CITY OR TOWN | (If outside city limits, write | RURAL and give township) |
| INSINAL | HOSPITAL | - F B | 1174 | PORTS 19 | (If rural, give location) | |
| SIMAI | HO3F114 C | 0/- 1 | A CITTORE | 1238 - | | |
| 5. SEX | I nace | TY AAABBIED | NIEVER AAA BRIED | | | |
| <i>E</i> | 6. RACE | WIDOWE | DIVORCED (specify) | 12/29/6 | 9. AGE (In years lost birthdoy) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. |
| | UPATION (Give kind of work working life, even if retired) | 108, KIND OI | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Housewife | | Otat | n Home | Pike Count | ty, Kentucky | U.S.A. |
| 13. FATHER'S NA | | OWI | .i Home | 14. MOTHER'S MAID | | U.S.A. |
| | Joseph | Cook | | | la Hall | |
| 16 W P | Evor in U. S. Armed For | | 11 (20 0) 11 | | ra nall | |
| | (If yes, give wor or dote | | SECURITY NO. | 17. INFORMANT | | ADDRESS |
| No | | | | Morton Fund | eral Home South | Shore, Kentucky |
| 1B. // 3 | A / I | | CAUSE O | FDEATH | | INTERVAL BETWEEN |
| DISEA | SE OR CONDITION DIR | RECTLY | | | | ONSET AND DEATH |
| | LEADING TO DEATH | | in fac | ite myse | ardial Luja | ration |
| (This does | nal mean the made of | dying, e.g., | DUE TO | | ardiol lya | |
| | asthenia, etc. II means | | | | | |
| | ANTECEDENT CAUSES | | (B) A | SCUD | | |
| | OR CONDITIONS, if | any oivino | DUE TO | | | |
| | e abave cause (A) | | (C) | | | |
| UNDERLYIN | G CONDITION last. | | 400,000,000,000,000 | | 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | |
| E TO THE D | IFICANT CONDITIONS C | TED TO TH | G IE | | | |
| 19A. DATE OF | CONDITION CAUSING I | | WHICH OPERATION | 20A. AUTOPSY? (Yo | os or Mol 208. IF YES, WER | F FINDINGS CONSIDERED |
| | WAS PERF | FORMED | | | IN CERTIFYING C | AUSES OF DEATH? |
| OR CONTRIBL | NT WAS UNDERLYING UTING CAUSE OF medicol examiner | 21 B hom etc. | PLACE OF INJURY (o.g., in e., farm, foctory, stroot, of | fice bldg., INJURY OC | DtD (If in Baltim CUR? | ore City, give exact location) |
| 0 21 D. TIME | (Month) (Doy) (You) | (Hour) 21E | INJURY OCCURRED | 21 F. HOW E | DID INJURY OCCUR? | |
| (APPROX) | | | ile At Not While | • 🗆 | | |
| | | Wo | | | | |
| | | | he deceased from T | 5 (12:02 A | 19 66 10 5 | 19 G C |
| that (I) (we) | last saw the decease | d olive an | 4/3 | 19 66 | and that In(my) (aur) a | pinian death accurred an the dat |
| | | | l) (We) (did) (did not) v | | | |
| 23A. SIGNATU | JRE | | | | | 23 B, DATE SIGNED |
| 4.4 | M. U | 2501 | M.D. Atte | mding Med. | Staff Phys. | 4/3/66 |
| 23CPHYSICIA | IN'S | pu & | M.D. AHE | DITOCIO | Phys. E | 7/3/65 |
| GER | LARDO M. | IPIL. | JR. H.D. M.D. | SINAL | 40501501 | |
| | MATION, 24B, DATE | | AME of CEMETERY OF CRE | | T | City, town, or county) (State) |
| Burial | 4/6/66 | Silo | oam Cemetery | | Greenup, Kent | tucky |
| 25A. DATE REC'D | L 4/6/66 BY HEALTH DEPT. | 25B. NAME | OF REGISTRAR | 25C. FUNERAL DI | RECTOR 1217 St. | Paul StADDRESS |
| APR | 6 1998 (2.1. | - 8 . Ja | Albert PLA | Wm. Cook- | | ltimore, Md. 21202 |
| VS 150-REV. 1/1/ | | | | | | |

121427 - 1217 Course withought and Rate Chinas--12 ME-BIEL 19 holdeles manage consensor since 15000 of 10 22 (-200 m) de de farmer " year for PRESIDENT LEASE THE ST. THE ST. THERESE.

MACE ANDROSTY The second section of the second

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 6.ALONSKA ROSE J. GOLONSKA (C.A.)

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE

Many land

B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ADDRESS OR LOCATION Baltimore. CHURCH HOME AND HOSPITAL - DOA D. STREET ADDRESS (If rurol, give location) 334 S. Collington Ave. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. 67 300 Female White 10-22-1898 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. clerk Grocery store Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Jacob Gutowski Julia Chylinski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give war or dotes of service) SECURITY NO. 212-09-1969 Mrs. Dorothy Hajewski 639 S. Patterson Park Ave. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic and hypertensive cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) OF INJURY NOT WHILE I certify that I held on Inquiry Inspection X Autopsy and that on this bosis, death in my opinion Homicide resulted from: Notural couses X Accident Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 4-3-66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. 23A, BURIAL CREMATION, 23B, DATE 23C. NAME OF CEMETERY OF CREMATORY 23 D. LOCATION (City, town, or county) REMOVAL (Specify)
Burial 4-6-1966 Holy Rosary Cemetery Baltimore, County, Maryland

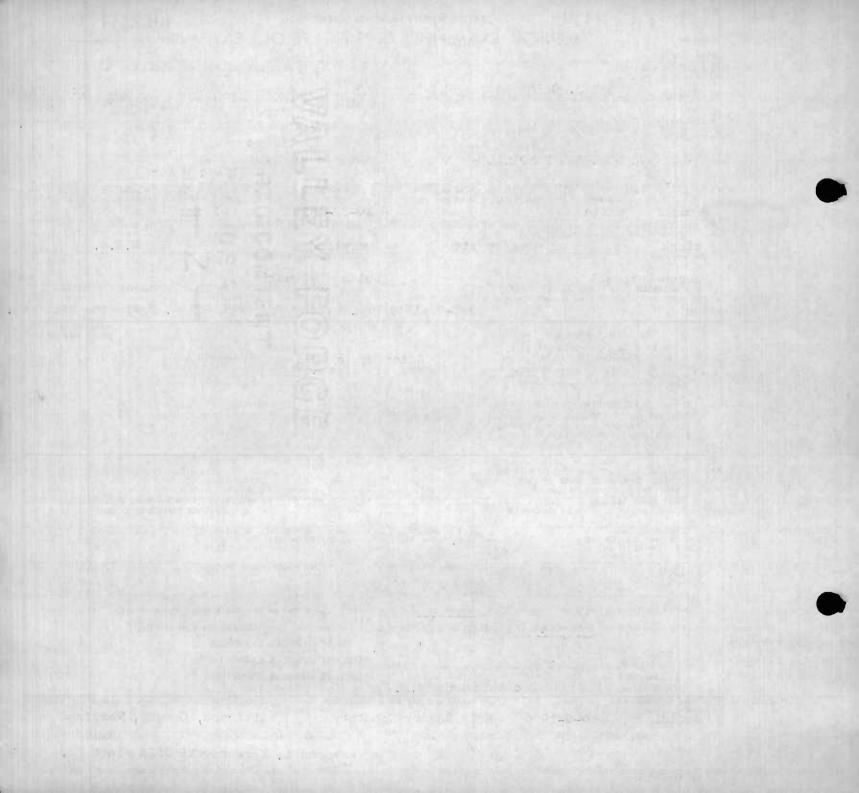
24C. FUNERAL DIRECTOR

Raymond L. Kaczorowski 2525 Fleet St.

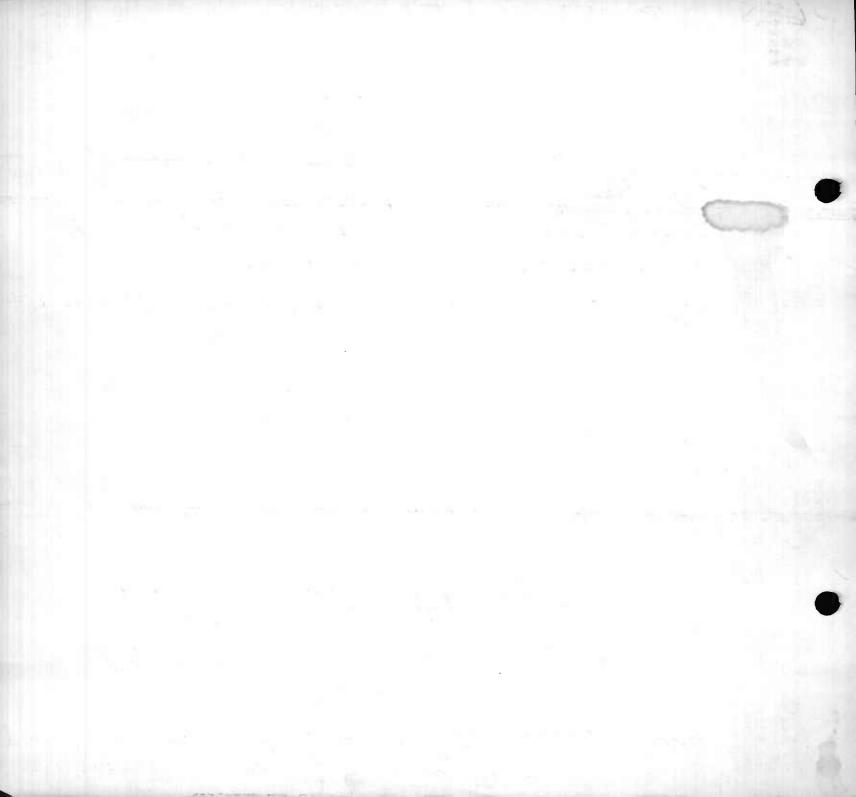
24B, NAME OF REGISTRAR

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.



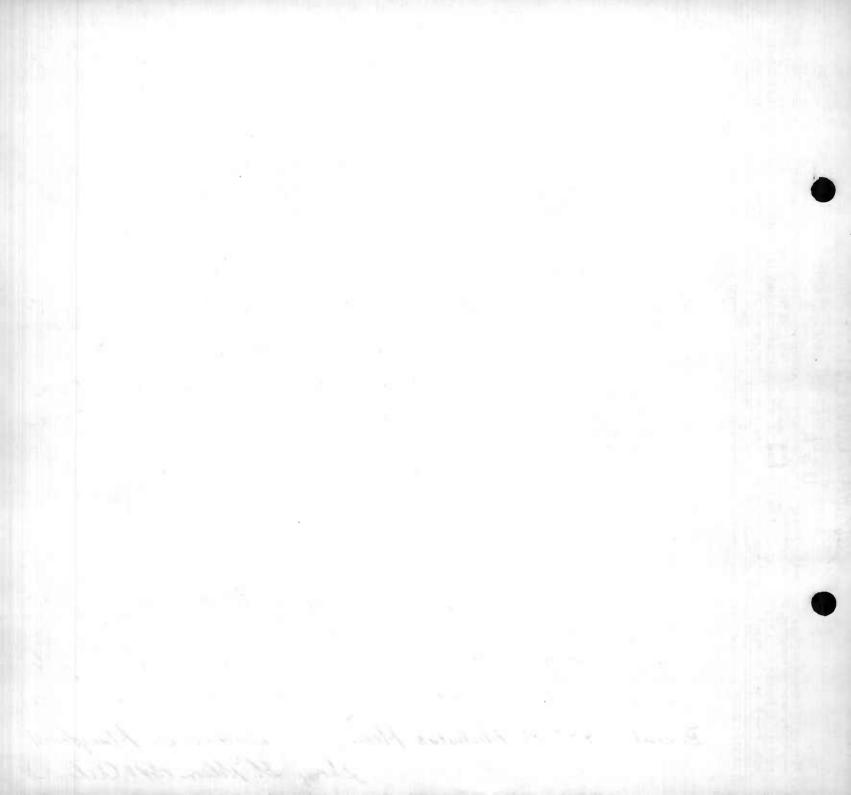
V\$ 150-REV, 1/1/65



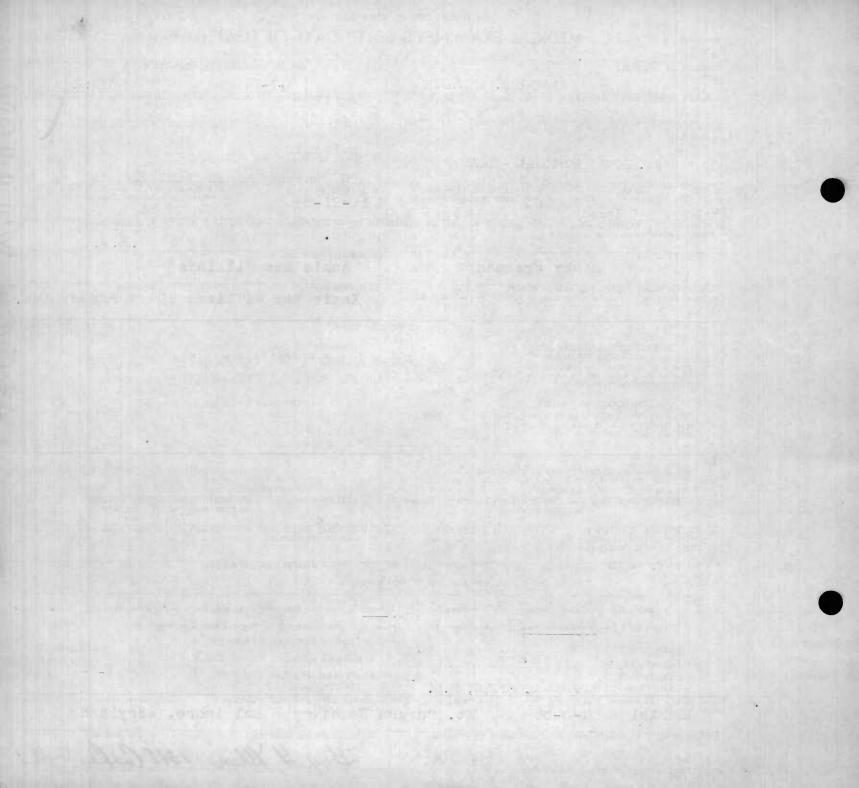
IMPORTANT DIRECTOR: FUNERAL BIRTH NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 66 03473 Registered Na. FICATE OF DEATH USUAL RESIDENCE | Where deceased lived, If institution: residence (If autside city limits, write RURAL and give If Under 1 Yr. II Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH ARTERIOSCIERESS 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred on the date



VS 151-REV. 1/1/65



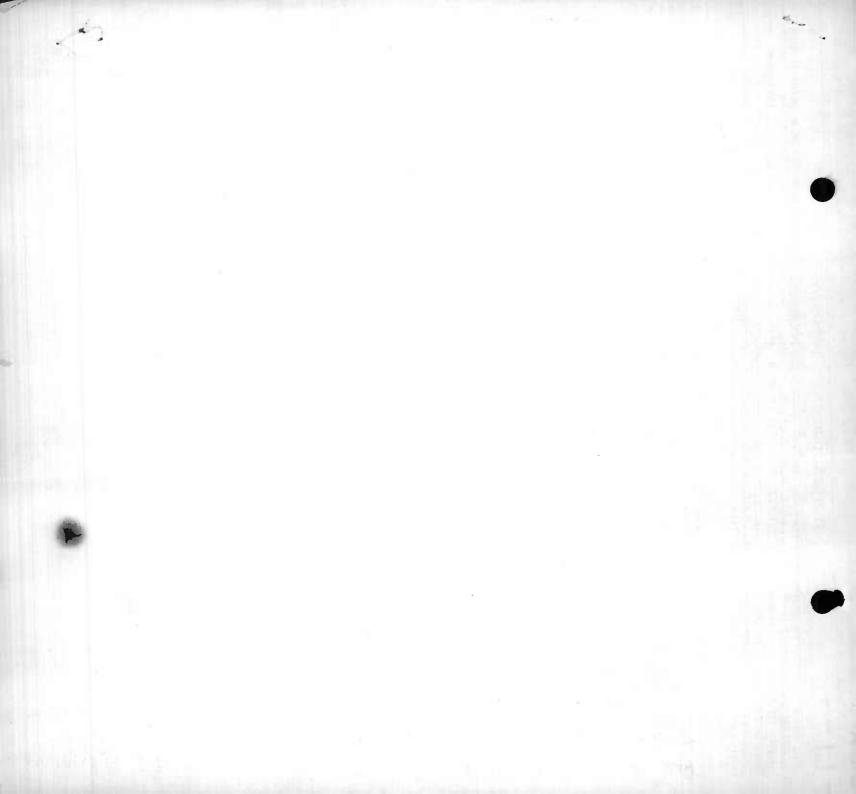
| -11-72 N | | | $= 66 \cdot 034$ | 4/0 | BALTIMORE CITY | HEALTH DEPARTMENT | | ()() and a second | |
|--|---------|---|---|--------------------------------|--|---|------------------------------------|---|-------------------|
| 3-650 | | H NO. | | | CERTIFICA | TE OF DEATH | Registered No | .66 03475 | |
| death death eased n the Such | | AME OF DECE | ASED | | | | AND HOUR OF DEATI | H | |
| - e e e | | e or Print) | LLIAN. | BROU | 11 11 | Ansi | 0 4/2/ | | |
| 5 % o 4 | 3. [| LACE OF DEAT | H IN BALTIMORE, MA | ARYLAND | | 4. USUAL RESIDENCE (W | here deceased lived. If | institution: residence before o | dmission) |
| (5) and ded | 11 | TULL NAME OF HOSPITAL OR NSTITUTION | oddress or locotic | on) | | MD. | UNIT | RURAL ond give township) | |
| contributing cause; nr a regular attend | Pi | ALTIN 940 East | AORE C ern Avenue, I | Baltimore | ,Maryland | | (If rurol, give location) MONRO | E ST. | |
| deceased tion is mad | S. S | | S. RACE | 7. MARRIED. | NEVER MARRIED DIVORCED (specify) | 6-14-95 | 9. AGE (In years lost birthday) | If Under 1 Yr. If Unde Months Doys Hours | r 24 Hrs. Min. |
| ed is | | | | k 10B, KIND OF | | 11. BIRTHPLACE (State or fo | oreign country) | 12. CITIZEN OF WHAT COUNTRY? | |
| | | | orking life, even if retired) | | | Vi. | | WHAT COUNTRY? | |
| | 13. | ROUSE HAM | wife | 1 | | 14. MOTHER'S MAIDEN N | I A A A F | 1 4. 2M | |
| | | 23 | | H | | 1 | 1 1 | | |
| | | Jae | | | | 141161 | 5,612 | . 4 | |
| | 1S. | Was Deceased I , no prunknown) | ver in U. S. Armed Fo (If yes, give wor or do) | es of service) | SECURITY NO. | 17. INFORMANT | | ADDRESS | |
| | | No | | | | Records:BCH-49 | 40 Eastern A | lvenue 21224 | |
| | | 18. 3 3 | /X 1 | | CAUSE O | F DEATH | | INTERVAL BETW | |
| | | DISEASE | OR CONDITION DI | | | | | ONSET AND DE | AIH |
| | | | EADING TO DEATH | | (A) | manonon | rumming | 3 dan | S |
| embalmed | | (This does no heart foilure, a | I meon the mode of sthenia, etc. II means | dying, e.g., s the disease, | DUE TO | | | | 9 |
| d L | 1 | injuly at camp | licotion which caused | d deoth.) | 0 | 1/ 0 | | | |
| 0 | | A | NTECEDENT CAUSES | S | DUE TO | -, V · 17 · | ******************************** | | |
| | | | CONDITIONS, if | | (A) | | () 0 000 | | |
| | | | abave couse (A) | stating the | (c) 49 | lues atte | UO 2 ENCREOZ | | |
| | | ONDERETHING | | | | | | | |
| | z | OTHER SIGNIF | CANT CONDITIONS | CONTRIBUTING | | | | | |
| | ATION | TO THE DE | ATH BUT NOT REL | ATED TO THE | | | | | |
| | | | OPERATION 198. COM | NOITION FOR W | HICH OPERATION | 20 A. AUTOPSY? (Yes of | No 208. IF YES, WERI | FINDINGS CONSIDERED AUSES OF DEATH? | |
| | ERTIFIC | 0 | WAS PER | RFORMED | | | IN CERTIFIING C | AUSES OF DEATH? | |
| | CALC | OR CONTRIBUT | WAS UNDERLYING CAUSE OF | 21 B. I home etc.) | PLACE OF INJURY (e.g., i , form, foctory, street, o | n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? | (If in Boltime | ore City, give exact location) | |
| | MEDI | 21 D. TIME OF INJURY | (Month) (Doy) (Year) | (Hour) 21E, | INJURY OCCURRED | 21F. HOW DID II | NJURY OCCUR? | | |
| | S | (APPROX) | | While | | | | , , , | |
| | | 22. I cartify t | hat (1) (this hospita | | | 3/4 | 1966 10 | 1/4 19 | 66 |
| | | | ast sow the deceas | | 4/4 | 19 66 and | | • | |
| | | | 2 2 | | | | | pinion death accurred an | The date |
| | | | | ited above. (I) | (We) (did) (did not) | view the body after death | h. | DAYS SIGNED | |
| | 1 | 23A. SIGNATUR | | | M.D. Att | ending Med. | Stoff C | 23B. DATE SIGNED | |
| | | XX. | Letura | non | Phy | s. Director | Phys. | 14/4 6K |) |
| | | 23C. PHYSICIAN NAME (Typ | rs pel | | 4 7 7 4 1 4 1 | 23D. ADDRESS 4940 Ea | stern Avenue | Baltimore, Mar | yland |
| | - | MAGI | VUS KA | RL FE | TURSSOMP. | BALTIM | ORECIT | Y HOSPITI | 16 |
| | 244 | BURIAL CREM | ATION, 248. DATE | 24C. NA | ME of CEMETERY OF CR | EMATORY 24D. | LOCATION | City, town, or (county) | (Stole) |
| | | HEMIOVAL (Sp | 2//10/ | 116 | () | | noll | 1/2 | |
| | 25A | DATE REC'D | BY HEALTH DEPT. | 25B. NAME OF | REGISTRAR | 25C, FUNERAL DIRECT | br you | ADDRESS | |
| | | APP | 6 1968 (2.0. | - Share | 2 Sec. M. D. | el en | 1001 | 21/8/10/ | 50. |
| - | 245 | PTI 1\ | 1900 CMXX | الما د، طر | MO CONT | Weerly X. | release 10 | 170 Callein | You - |

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Land.

| | 66-66643 BALTIMORE CITY HEALTH DEPARTMENT CS 2476 |
|-----------|--|
| | RTH NO. 66 13476 CERTIFICATE OF DEATH Registered No. 18 13476 |
| 1, | NAME OF DECEASED Baby Boy Cohh (MDSES) 2. DATE AND HOUR OF DEATH ype or Print) 3/29/66 1632 |
| 3. | PLACE OF DEATH IN BALTIMORE, MARYLAND A. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm |
| | FULL NAME OF (If not in haspital ar institution, give street ADSPITAL OR address ar facation) C. CITY OR TOWN (If autside city fimits, write RURAL and give township) |
| C | INSTITUTION BOLDS |
| D | University HOSP. D. STREET ADDRESS (If rurolly give location) 810 n. layson St. |
| s. | SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE/(In years If Under 1 Yr. If Under 2 Magnets Days Hours I |
| 10 | Male Negro No. USUAL OCCUPATION (GIVE kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) [12, CITIZEN OF |
| | ane during most all warking life, even if retired) WHAT COUNTRY? |
| 1; | 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| | moses Cobh Sc Bether |
| 1.5 (Y | S. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS es, no ar unknown) (Iff yes, give war ar dates of service) SECURITY NO. |
| L | Clinical Record Brief |
| | 18. CAUSE OF DEATH INTERVAL BETWEE ONSET AND DEAT |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Respiratory distress Symptonic Control (A) |
| | (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, |
| | ANTECEDENT CAUSES (B) remarkably |
| | DISEASES OR CONDITIONS, if any, giving |
| | rise to the above cause (A) stating the (C) UNDERLYING CONDITION last. |
| ١, | , II |
| 40124 | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |
| 10141 | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) |
| 0.00 | 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? |
| 1 | DEATH (natify medical examiner) etc.) |
| 0 | 2 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? |
| | Work At Work |
| | 22. I certify that (I) (this haspital) attended the deceased from 3/29/66 19 |
| | that (I) (we) lost saw the deceased alive on 500 / (19 ond that in(my) (our) opinion death occurred on the |
| | ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED |
| | Carlie de trancia M.D. Attending Med. Staff S 3/29/40 |
| | 23C. PHYSICIAN'S NAME (Type) |
| | Earlie H. Francis M.D. UNIVERSITY HOSP, |
| 2 | AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (S |
| 21 | Burial 4/1/66 BALTIMORE NATIONAL Baltrure, Md. |
| 2 | APR 6 1985 AD GRADE TO BE TO B |
| / | 5 150-REV. 1/1/65 |



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VS 150-REV. 1/1/65

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| | 66 134 | 77 | BALTIMORE CITY | HEALTH DEPARTMENT | 126 | 2 60477 | | |
|--------------------------------------|---|-----------------------|---|--|---------------------------------|--|--|--|
| BIRTH NO. | (10) 1112 | | CERTIFICA | TE OF DEATH | Registered No | <u>i 03477</u> | | |
| M.E. CASE NO. | | | CERTIFICA | TE OF BEATH | | | | |
| I. NAME OF DEC | EASED | | | 2. DATE A | ND HOUR OF DEATH | 1 | | |
| (Type or Print) | Clare | nce Ti | lghman | Marc | h 31, 196 | 6 и. | | |
| 3. PLACE OF DE | ATH IN BALTIMORE, MA | RYLAND | | 4. USUAL RESIDENCE (Who | | institution: residence before admission) | | |
| FULL NAME OF HOSPITAL OR INSTITUTION | OF (If not in hospital oddress or location | | give street | Maryland c. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore | | | | |
| 0 615 A | rcher Stree | t | | | turol, give location) | | | |
| 5. SEX | 6. RACE C | | NEVER MARRIED), DIVORCED (specify) .Od | 8. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min, | | |
| dane during most of | UPATION (Give kind of work working life, even if retired) ffer | 108, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stole or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NA | ME | | | 14. MOTHER'S MAIDEN NA | ME | | | |
| Richar | d Tilghman | | | Lillie Perk | ins | | | |
| 15. Was Deceased | Ever in U. S. Armed For | ces? s of service) | 1 6. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS | | | | |
| | | | 212-01-499 | Edith Tilgh | man 615 A | rcher St. | | |
| 18. HDISEA | I SE OR CONDITION DIR | RECTLY | CAUSE O | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| | LEADING TO DEATH | | (A) M | is corolial | Inforation | 3 mos. | | |
| heort foilure, | not meen the mode of osthenio, etc. It meens application which coused | the diseose, | | | | | | |

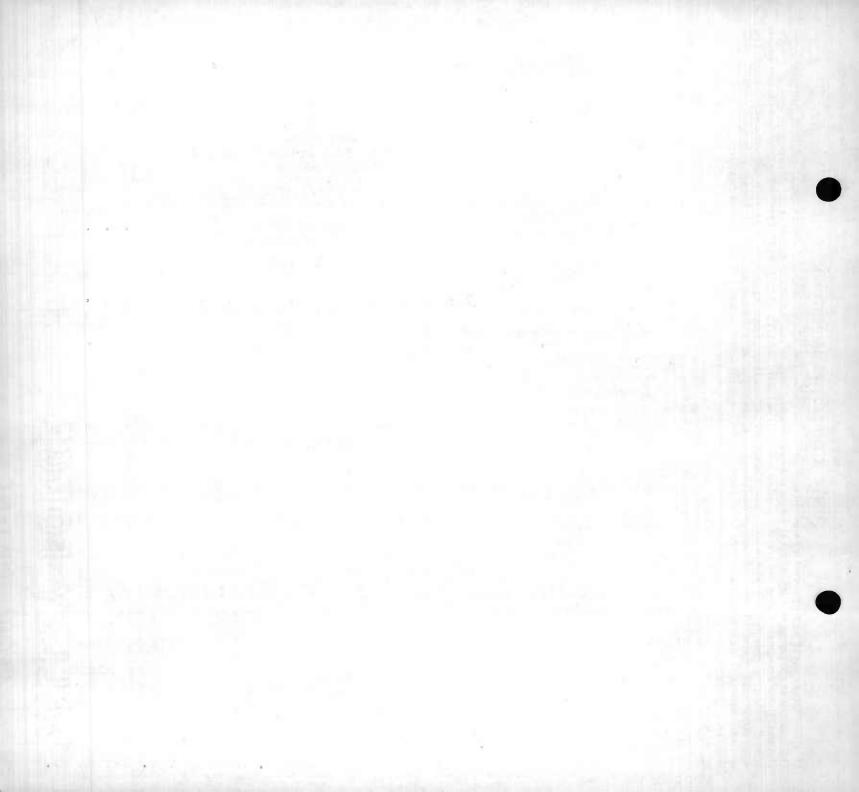
| 18. 4 20 1 | CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|-------------------------------------|
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | M Box shirt To Constion | 3 mos. |
| (This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES | | /> |
| DISEASES OR CONDITIONS, if ony, give | ring | |
| rise to the above couse (A) stoting UNDERLYING CONDITION lost. | the (C) | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. | | |
| 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED | OR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDI IN CERTIFYING CAUSES | NGS CONSIDERED OF DEATH? |
| 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) | 21B. PLACE OF INJURY (e.g., in or obout home, form, foctory, street, office bldg., INJURY OCCUR? | , give exact location) |
| 21D, TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) | 21E. INJURY OCCUR? While At Not While Work At Work | |
| 22. I certify that (1) (this hospital) attended that (1) (we) last sow the deceased alive | and the deceased from $9-14-1965$ to $3-60$ and that in(my) (aur) apinion | 3 / 19 6 |
| | e. (1) (We) (did) (did nat) view the body after death. | |
| 23A. SIGNATURE PROMISSIONAL | M.D. Attending Med. Director Phys. | HILL |
| 23C. PHYSICIANS NAME (Type) G- FROMPK/I'N | Phillips M.D. 558 Me Moden St. Par | to - Ulde |
| BURIAL CREMATION, 248. DATE 24 | C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, to | wn, or county) (Sto |
| Burial 4/5/66 H | Baltimore National Baltimore, Mar | |

Charles A. Rice

661

W.

Barre St.



66 034 /8

IMPORTANT

DIRECTOR:

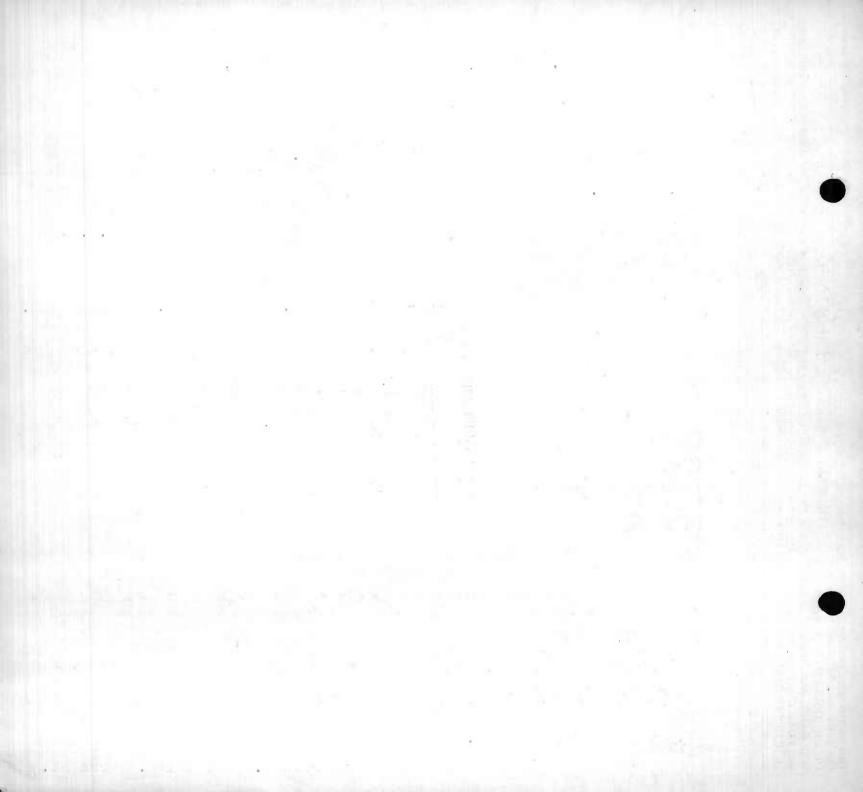
FUNERAL

VS 150-REV. 1/1/65

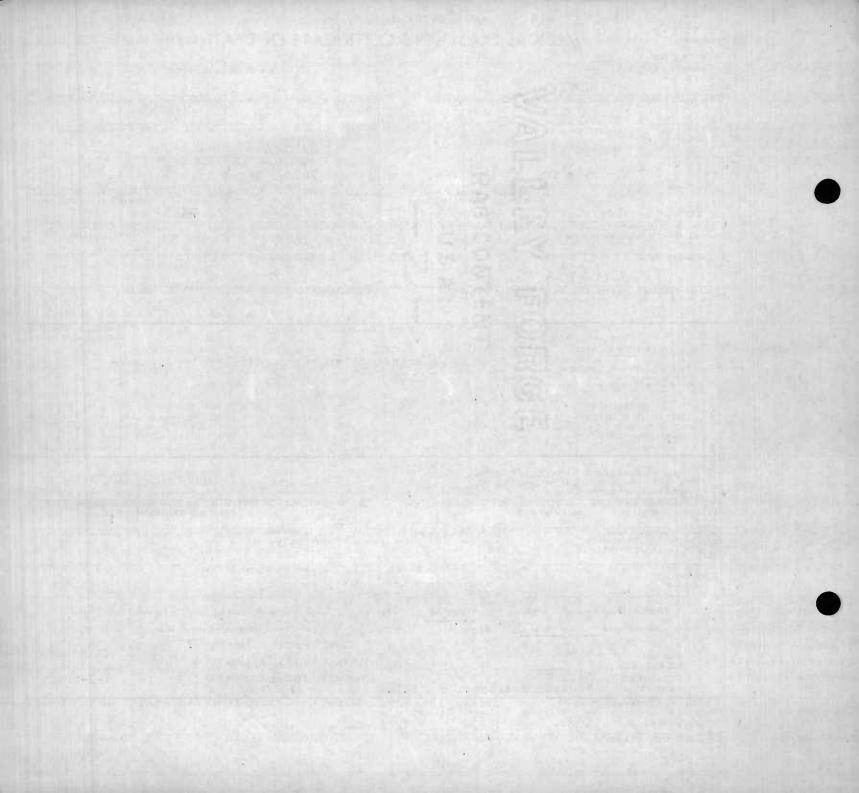
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours



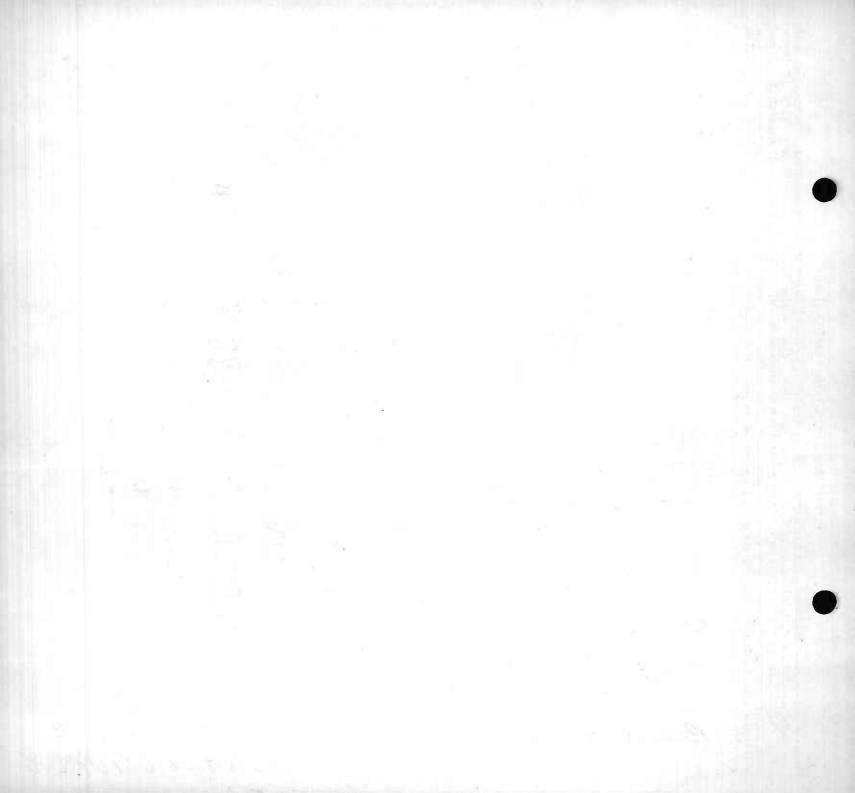
| BIRT | 'H NO. | ME | DICAL EXAMINER'S C | ERTIFICA | TE OF DEAT | H Registere | d No | |
|--------|------------------------|--|--|----------------------------------|---|---|---|--|
| 1 | CASE NO. | | | | | | | |
| 1. I | NAME OF DE | CEASED | | 2. DATE AND HOUR PRONOUNCED DEAD | | | | |
| | | ADA CLARK | | II | April 2, | | 5:40 P M. | |
| 3. P | LACE IN BAL | TIMORE MARYLAND, | WHERE PRONOUNCED DEAD | A. STATE | ENCE (Where deceose | B. COUN | tian: residence before admission) TY | |
| HO | L NAME OF | (IF NOT IN HOS | MTAL OR INSTITUTION, GIVE STREET DOCATION) | C. CITY OR TO | | ite limits, write | RURAL and give tawnship) | |
| 1 | | | | | altimore | - | 1-01 | |
| 1 | 70 | 7 W. Barre | St | | RESS (If rural, give lac 07 W. Barre | | | |
| 5. S | | 6. RACE | | B. DATE OF BIRT | | GE (In years | If Under 1 Yr, If Under 24 Hrs. | |
| | Female | Negro | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | 3/20 | | birthdoy) | Months, Days, Hours, Min. | |
| | | UPATION (Give kind of warking life, even if retire | work TOR KIND OF BUSINESS OR INDUSTE | Y 11. BIRTHPLACE | (State or foreign country | () | 12. CITIZEN OF WHAT COUNTRY? | |
| aoni | a during most of | warking life, even if felire | 801 | 1 Un | ginia | | U.S.A. | |
| 13. | ATHER'S NA | ME / A | 0.10 | 14. MOTHER'S M | AIDEN NAME | | | |
| | | red C | lau | (a | rotur | | | |
| | | ED EVER IN U.S. ARA | | 17. INFORMANT | | | ADDRESS | |
| tres | , no or unknaw | n) (If yes, give war ar | dates of service) SECURITY NO. | Sarat | Fitz 7 | 07 W. | Barre ST | |
| | 1B. 4 | 2211 | CAUS | E OF DEATH | | | INTERVAL BETWEEN | |
| | DISEA | ASE OR CONDITION | DIRECTLY | | | | ONSE! AND BEATH | |
| | | LEADING TO DEA | ATH (A) Arter | iosclerot | ic cardiovas | cular di | sease | |
| | heort failur | not mean the made e, asthenio, etc. It me | of dying, e.g., DUE TO | | | | | |
| | injury ar c | amplication which cous | ed death.) | | | | | |
| | | ANTECENDENT CA | USES | | | | | |
| | | OR CONDITIONS, 1 | F ANY, GIVING (B) | •••••• | | *************************************** | *************************************** | |
| | UNDERLY | HE ABOVE CAUSE (A ING CONDITION LA | STATING THE | | | | | |
| Z | | | (C) | ••••• | | | | |
| CATION | | 11 | | | | - | | |
| | | ONIFICANT CONDITION DEATH BUT NOT | | | | | | |
| 프 | DISEASE | OR CONDITION CAUS | SING IT. | | | | | |
| CERT | 19A, DATE O | | CONDITION FOR WHICH OPERATION PERFORMED | 20A. AUTOPSY | ? (Yes or No) 20B, IF | YES, WERE FINE | | |
| 1 | | AL CAUSE WAS | 21B. PLACE OF INJURY (e.g., | in or about 21C. V | WHERE DID (If in Bol | timare City, give | exact location) | |
| EDIC | UTING CA | USE OF DEATH. | home, farm, factary, street, | omce bidg., INJUK | OCCUR! | | | |
| Z | 21D TIME | (Month) (Doy) (| Yeon (Hour) 21E. INJURY OCCURRED | 216 H | OW DID INJURY OC | 1107 | | |
| | OF INJURY (APPROX.) | (Month) (Doy) (| WHILE AT NOT | WHILE WORK | OW DID INJURI OC | 30 K: | | |
| | 22. | -A:f-, Ab - A 1 1 1 | | [] | J. L | | !-! | |
| | | rtify that I held on | | | d that on this basis | | | |
| | rost | ulted from: Natural | couses X Accident Suici | | | mined monner | | |
| | | . // | 117-7 | | EDICAL EXAMINE | | DATE SIGNED | |
| | SIGNA | | Willy will Mar | ASSISTANT M | EDICAL EXAMINE | R X | DATE 5101125 | |
| | EXAMI | NER'S | ger Breitenecker, M.D. | ASSOCIATE M | EDICAL EXAMINE | promong | 4-3-66 | |
| | BURIAL CR | EMATION, 238 DATE | | | 23D. LOCATIO | N (City; t | awn, ar county) (State) | |
| | AOYAL (Speci | ual 7/6 | 6/66 my au | bun | 13a | Oton | non Mid | |
| 244 | . DATE REC'I | D BY HEALTH DEPT. | 248, NAME OF REGISTRAR | 1/1 | AL DIRECTOR | 1) | ADDRESS | |
| | APR | 6 1950 (| O. Followan | Chi | urles a. | Rice 6 | 61W Barres | |
| VS | 151-REV. 1/1 | /65 | | | | | | |



IMPORTAN

DIRECTOR:

FUNERAL



This certificate

the body

was D.O.A. shows: (1) deceased

VS 150-REV. 1/1/65

of death Deceased

cause

hospital

Such

death.

0

prior

attendance

BIRTH NO.

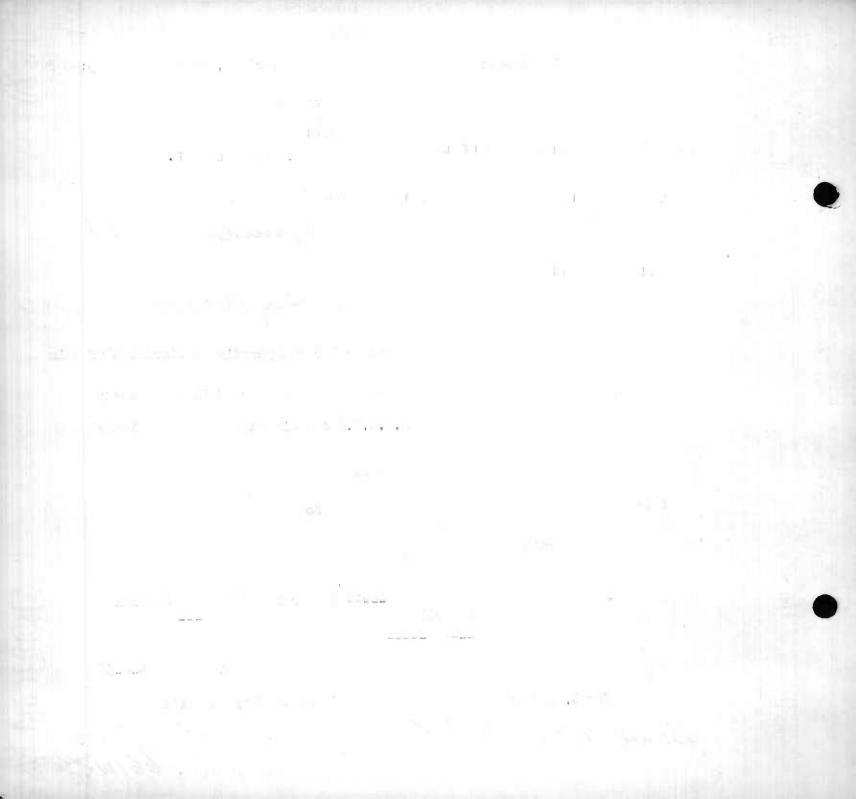
M.E. CASE NO. I, NAME OF DECEASED

FULL NAME OF

HOSTITUTION

(Type or Print)

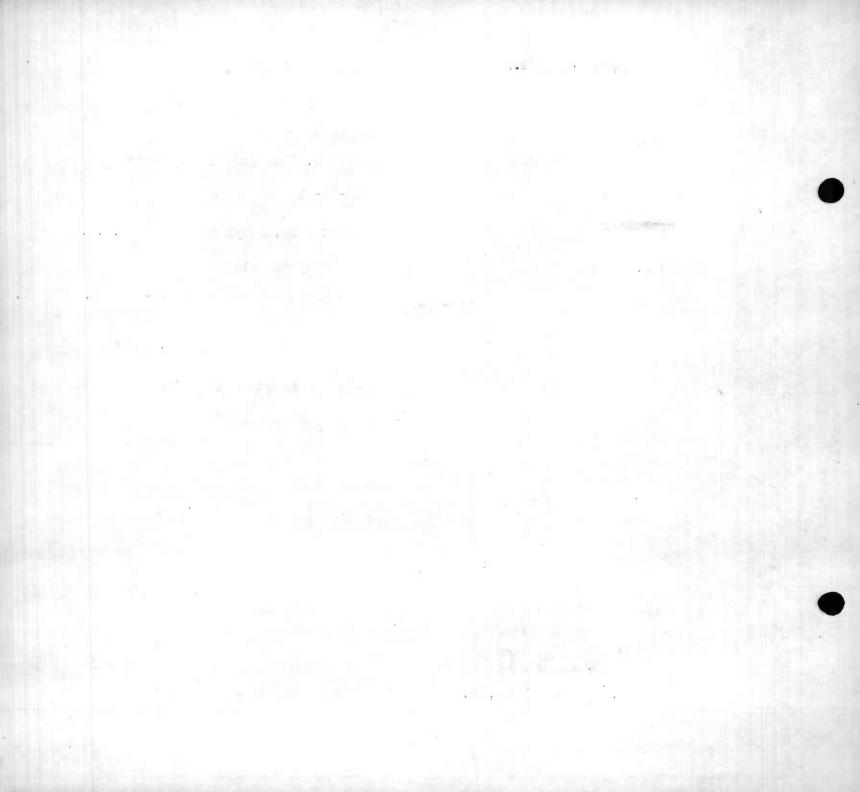
| | , | | | | TOCT IN STAPEL ST | | | | | |
|---------------------------------------|--|----------------------------------|---|---|-------------------|---------------------------------|---|--|--|--|
| FEMALE | 6. RACE NEGROID | WIDOV | D, NEVER MARRIED VED, DIVORCED (spe- | cify) | 6-06 | 9. AGE (In years tost birthdoy) | If Under 1 Yr. If Under 24 Months Doys Hours | | | |
| A. USUAL OCC | UPATION (Give kind of wo working lile, even if retired) | rk 10B. KIND | OF BUSINESS OR IN | DUSTRY 11. BIR | | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| | IN BASSETT | | | 14. MG | THER'S MAIDEN | NAME | | | | |
| 5. Wes Deceased les, no or unknown | Ever in U. S. Armed For (If yes, give wor or do | orces? les of service | 16. SOCIAL SECURITY NO 2/8-09- | j | ORMANT 4A-Hen | my Blake 1 | 8214 Chapel | | | |
| (This does theart failure, | SE OR CONDITION D LEADING TO DEATH and mean the made of asthenia, etc. It mean application which cause | l f dying, e, s the diseas | (A) g., DUE | Ventric | | ycardia & Fi | INTERVAL BETWEEN ONSET AND DEAT | | | |
| | ANTECEDENT CAUSE | S | (B) S | evere co | ngestive | heart failure | Weeks | | | |
| rise to 1h | OR CONDITIONS, if e abave cause (A) G CONDITION last. | | ng | | D and Dia | betes | Years | | | |
| TO THE D | | ATED TO | THE | None N 20A | No | OF NO. 20B. IF YES, WER | E FINDINGS CONSIDERED AUSES OF DEATH? | | | |
| OR CONTRIB | NT WAS UNDERLYING JTING CAUSE OF medicol examiner) | | PIB.PLACE OF INJUR some, form, foctory, setc.) | RY (e.g., in or obo street, office bld | Ut 21 C. WHERE DI | ID (If in Boltim | ore City, give exact location) | | | |
| 21D. TIME OF INJURY (APPROX.) | (Month) (Doy) (Yeor | | While AI NOTE A | Not While | 21F. HOW DID | INJURY OCCUR? | | | | |
| 22. I certify | that (+) (this haspite | al) attended | the deceased fra | m April | 29 March | 19 66 ta | 4 April 19 4 | | | |
| | | | | | | | pinian death occurred an th | | | |
| and haur an | d fram the causes st | sted abave. | (l) (We) (did) (did | Lant) view th | e bady after de | ath. | | | | |
| 23A. SIGNAT | RE B | to. | | | | | 23B. DATE SIGNED | | | |
| A | ay x. | gen | ser M. | D. Attending Phys. | Med. Director | Stoff Phys. | 4-4-66 | | | |
| PHYSICIA NAME (1 | | ensen | | 23D. AD | | pkins Hospita | 1 | | | |
| Bur | cal 7/8/ | 66 - | | alver | 7 - 1 | Brookly. | City, lown, or county) (S | | | |
| ADR | 6 1968 CL | 25B. NAM | E-OF REGISTRAR | 250 | Charle Direct | es a Rue | 661W Bar | | | |



IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/65

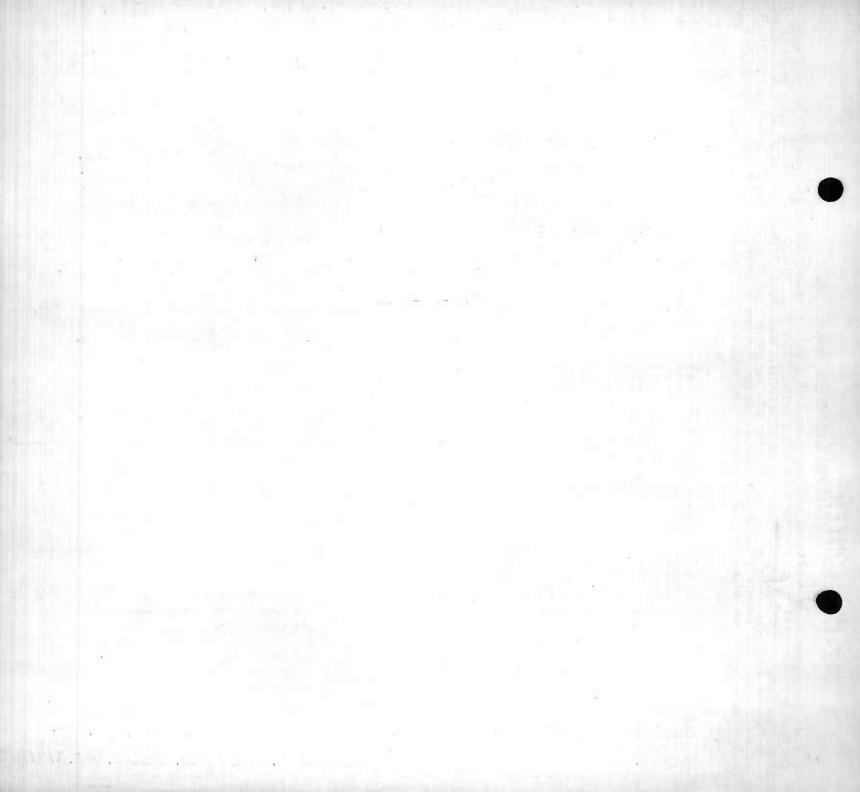
| 4 | 66 03484 | | | HEALIH DEPAKIMENI | | 66 03484 |
|-----------------|--|----------------|--|--|------------------------------------|--|
| BIRTH NO. (| 30 117404 | | CERTIFICA | TE OF DEATH | Registered Na. | 33 (17) 20 1 |
| NAME OF DE | | , . | A / | | NO HOUR OF DEATH | 0 / 1 |
| Type or Print) | | | se Newman | Apri | 14, 1966 | 9:40 P. |
| PLACE OF DI | EATH IN BALTIMORE, MA | ARYLAND' | | 4. USUAL RESIDENCE (Whe | ere deceased lived, it is NTY | nstitution: residence before admission |
| FULL NAME | | | give sheet | Md. | Harford | |
| INSTITUTION | | | | | | RURAL and give township) |
| House | In The Pin | es Nur | sing Home | | Bel Air | (d S d |
| 5837 | Belair Road | 4 | 0 | | 2 Chatham Pl | lace |
| - S EX | 6. RACE | 7. MARRIED | , NEVER MARRIED D. DIVORCED (specify) | B. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Hr Months Doys Hours Min. |
| Female | White | | Vidow | April 4, 1890. | 76 | |
| | | | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore | ign country) | 12. CITIZEN OF WHAT COUNTRY? |
| House | f working life, even if retired) ewife | Own | n Home | Virginia | | USA |
| 3. FATHER'S NA | ME | | | 14. MOTHER'S MAIDEN NA | ME | |
| | Charles | E. Calve | ert | | Mollie Fr | raetas |
| 5. Was Decease | d Ever in U. S. Armed Fo | rces? | 1 6. SOCIAL | 17. INFORMANT | | ADDRESS |
| No No | (If yes, give wor or do | es of service) | SECURITY NO. | Mr. Henry C. | Newman | (Same) |
| 18.49. | 2 X I | | CAUSE O | F DEATH | | INTERVAL BETWEEN |
| | SE OR CONDITION DE | | K | ecurint Ph | | ONSET AND DEATH |
| (This) | LEADING TO DEATH | | \7/ | rouning The | umoniz | 3 mos. |
| | nat meon the mode o , asthenio, etc. It meon | | | | | |
| injury or co | mplication which cause | d death.) | | | | |
| | ANTECEDENT CAUSE | S | DUE TO | | | |
| | OR CONDITIONS, if | | | | | |
| | he above couse (A) IG CONDITION last. | stating the | (C) | AAAAAA 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | |
| | П | | | | | |
| E TO THE | NIFICANT CONDITIONS DEATH BUT NOT REL | ATED TO TH | IG m | ultigith Struk | 42 | |
| A DISEASE OF | OF OPERATION 198. COI | | | 20A. AUTOPSY? (Yes or N | | FINDINGS CONSIDERED |
| 214 45615 | ENIT WAS HAIDEN WAYS | | D BLACE OF INTERVAL | a chaut 21 C tuttiene etc | OF ' B IS | City description of the city o |
| OR CONTRIE | ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer | hor | me, form, foctory, street, o | fice bldg., INJURY OCCUR? | ur in Bollimor | e City, give exact location) |
| 21 D. TIME | (Month) (Doy) (Year | (Hour) 21 E | E. INJURY OCCURRED | 21F. HOW DID IN. | JURY OCCUR? | |
| (APPROX.) | | | hile At Not While | е | | |
| 20 1 | .1 . /1) /.1 . 1 | | | | 10/2 | 4/4 .11 |
| | | | the deceased fram | | 19 <u>6)</u> ta | 117 1966 |
| | ast saw the deceas | | | | | inian death accurred an the de |
| | | ated abave. (| (1) (4(a) (did) (did nat) v | riew the bady after death. | | |
| 23A, SIGNAT | 1 / h n | | / AA D AH | ending Med. | Stoff | 23 B. DATE SIGNED |
| / Wh | ul Des | Men | Phy | s. Director | Phys. | 7/5/66 |
| PHYSICI NAME | | B. Brad | low | 23 D. ADDRESS 4900 | Belair Rd. | |
| - | | | | | | |
| REMOVAL Buri | (Specify) 4/7/6 | | Oole or Cemetery of CR | | | ity, town, or county) (State) |
| BULT | 4///0 | | Oaklawn Cemet | ery | Da_ | Ltimore, Md. |
| SA. DATE REC' | D BY HEALTH DEPT | 25A NAME | OF REGISTRAR | 25C. FUNERAL DIRECTO | | ADDRESS |
| | APR 6 1860 | 1 Crown | 4 | Leonard J. | Ruck Inc | Baltimore, Md. |
| | | | | | | |

German Francisca 3 mas marga Straw 23 85/11 23 4/10

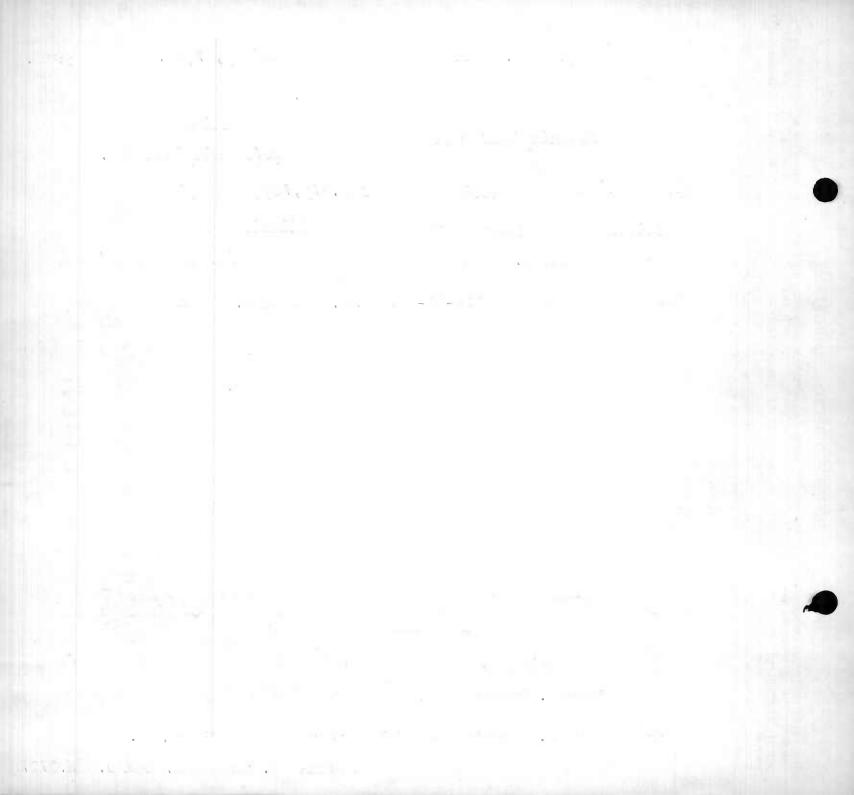
h occurred in a hospital and contributing cause of death stermined cause; (5) Deceased death IMPORTANT examiner FUNERAL DIRECTOR: the chief medical approved

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH lived. If institution: residence before admission) If ourside city limits, write RURAL and give township) If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS ame INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (our) apinion death occurred an the date 23 B. DATE SIGNED (City, town, or county) (Stote) Baltimore, Md. Leonard J. Ruck Inc. Balto. Md. 21214



V\$ 150-REV, 1/1/65



IMPORTANT

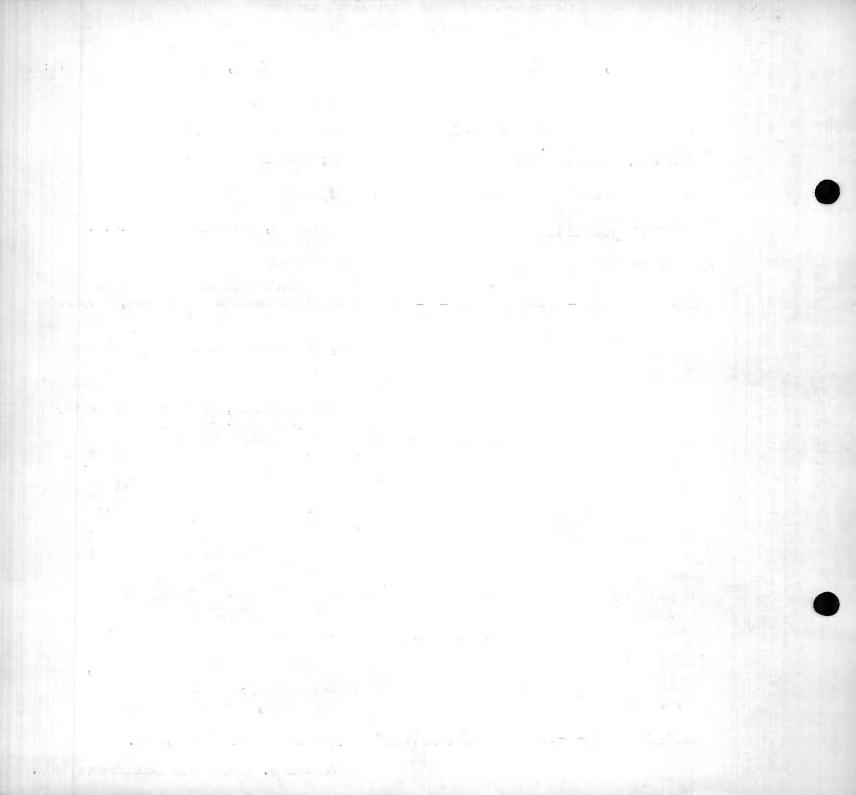
FUNERAL DIRECTOR:

| PLACE OF DE HOSPITAL OR INSTITUTION | FICATE | | NDED /5/www. | A. USUAL RESIDENCE (Wh A. STATE 8. COU Md. C. CITY OR TOWN (If o | | RURAL ond give township) |
|--|---|--|--|---|---|--|
| . sex Female | 6. RACE White | | NEVER MARRIED DIVORCED (specify) | 8. DATE OF BIRTH | 9. AGE (In years lost birthday) | If Under 1 Yr. If Under 24 Months: Doys Hours Min |
| OA, USUAL OCC | | Wich los Kind of | IOW BUSINESS OR INDUSTRY | July 14,1892. 11. BIRTHPLACE (Stole or for Germany | reign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 3. FATHER'S NA | | cha | | 14. MOTHER'S MAIDEN NA | | Sittka |
| 5. Was Deceased Yes, no or unknow No | d Ever in U. S. Armed Form (If yes, give wor or dote | s of sorvice) | 16. SOCIAL SECURITY NO. 215–18–6816 | 17. INFORMANT Miss Marie Sch | ueffl | ADDRESS (Same) |
| (This does heart foilure, injury or con | SE OR CONDITION DIR LEADING TO DEATH noll mean the mode of osthenia, etc. Il meons nplication which coused ANTECEDENT CAUSES | dying, e.g., lhe disease, deolh.) | (A) C (B) DUE TO | oronary in | Syfficienc | y 5 mos |
| DISEASES rise to the UNDERLYIN OTHER SIGN TO THE DISEASE OR | LEADING TO DEATH not mean the mode of osthenia, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING IT | dying, e.g., the disease, deoth.) any, giving slating the ONTRIBUTING TED TO THE | (8) | | | |
| DISEASES rise to th UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE O | LEADING TO DEATH not mean the mode of osthenia, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I' F OPERATION 19B. CON WAS PERF | dying, e.g., the disease, deoth.) any, giving slating the ONTRIBUTING TED TO THE T. DITION FOR WORMED | (8) DUE TO (C) THICH OPERATION | 20 A. AUTOPSY? (Yes or h | | FINDINGS CONSIDERED |
| OTHER SIGN TO THE DISEASE OR DISE | LEADING TO DEATH not mean the mode of osthenia, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. II IFICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I' F OPERATION 1198. CON | dying, e.g., the disease, deoth.) any, giving slating the ONTRIBUTING TED TO THE T. DITION FOR WORMED | (8) DUE TO (C) THICH OPERATION PLACE OF INJURY (e.g., i | | No) 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED |
| OTHER SIGN TO THE DISEASE OR DISE | LEADING TO DEATH not mean the mode of osthenia, etc. It meons inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. IFICANT CONDITIONS COLSTAN BUT NOT RELA CONDITION CAUSING I' F OPERATION 198. CON WAS PERF | dying, e.g., the disease, deoth.) any, giving slating the ONTRIBUTING TED TO THE T. DITION FOR W ORMED 218. home etc.) | (8) DUE TO (C) PLACE OF INJURY (e.g., i orm, foctory, stroet, or injury occurred e At Not While | n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR? | No) 20B. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED |
| OTHER SIGN TO THE DISEASE OR CONTRIBUTE OF INJURY (APPROX.) 21. L certify that (I) (weekless) | LEADING TO DEATH not mean the mode of ostheria, etc. It meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last. IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I' F OPERATION 19B. CON WAS PERF UTING CAUSE OF Modical exominer (Month) (Day) (Your) That (I) (this hospital) last saw the decease d fram the causes stat URE | dying, e.g., the disease, deoth.) any, giving slating the ONTRIBUTING TED TO THE T. DITION FOR W ORMED 21B. home etc.) (Hour) 21E. Whill Work attended th d alive an | (8) DUE TO (C) CHICH OPERATION PLACE OF INJURY (e.g., i o, form, foctory, street o o) INJURY OCCURRED At Work e deceased fram (We) (did) (did_not) v M.D. Att. Phy | 20 A. AUTOPSY? (Yes or Noncomposition of Noncomposition of Notice | O) 208. IF YES, WERE IN CERTIFYING CA (If in Boltimor) IJURY OCCUR? | FINDINGS CONSIDERED USES OF DEATH? e City, give exact location) |

IMPORTANT

FUNERAL DIRECTOR:

| | 0 | | | BALTIMORE CITY | HEALTH DEPARTMENT | | 1313 |
|---------|----------------------------|--|-------------------|---|-----------------------------------|---------------------------------------|--|
| BIRT | н но. | 6 03488 | | CERTIFICA | TE OF DEATH | X Registered No. | 66 03488 |
| | AME OF DECE | A SED | | CERTITION | | ND HOUR OF DEATH | |
| | e or Print) | | - | | | | |
| 3 0 | PLACE OF DEAT | Wen, Ford NM | BYL AND | | Apri | 1 4, 1966 | 12:35 |
| | and of other | THE PARTITION OF THE | | | A. STATE B. COU | NTY | issitution, residence before doingssium |
| - | FULL NAME OF | (If not in hospital oddress or location | or institution, g | give street | Maryland Ba | | RURAL ond give township) |
| 1 // - | | Administrati | on Nosp | ital | Perry Hall | Box 322B | 53-00 |
| | | Raven Blvd. | | • | | rural, give location) | |
| | | , Maryland 2 | | | Philadelphia | a Rd | |
| 5. S | | S. RACE | 7. MARRIED, | NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. |
| .03 | Male | White | Marr | | 8/28/11 | lost birthdoy! 54 | |
| | | PATION (Give kind of work orking life, even if retired) | 10B, KIND OF | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or for | | 12. CITIZEN OF WHAT COUNTRY? |
| | MEXIKE | | | | Long Island, | New York | U.S.A. |
| 13. | FATHER'S NAM | | 1 | | 14. MOTHER'S MAIDEN NA | ME | |
| | Charles | s Ford | | | Anna Corkery | | |
| 15. Yes | Wos Deceosed | Ever in U. S. Armed For- (If yes, give wor or dote | ces? | SECURITY NO. | 17. INFORMANT 3900 | Loch Raven | Boulevard |
| | Yes | 8/13/45-12/2 | | 164-16-0527 | | | imore, Maryland |
| | | 221 | N. C. | CAUSE O | | | INTERVAL BETWEEN ONSET AND DEATH |
| ~ | | OR CONDITION DIR | ECTLY | Pnem | monia, right lo | wer lohe | 6 weeks |
| | (This does no | I meon the mode of | dying, e.g., | DUE IO | monito, 115no 20 | | |
| | heart failure, a | sthenio, etc. It means | the diseose, | Chro | nic Obstructive | Pulmonary | |
| | | dicotion which coused | deom., | Emph: | ysema | | 4 years |
| | | NTECEDENT CAUSES | | DUE TO Pulm | onary Tuberculo | gig inactiv | ve o 16 years |
| | | CONDITIONS, if obave couse (A) | ony, giving | | | | |
| | | CONDITION Iosl. | and | segmental res | s (right upper ection left upp | er lobe 1950 | 5 3 |
| | | П | | | lmonale | ,02 2000 2// | 3 years |
| O | | CANT CONDITIONS C | | 9 | | | 7 7 3 3 3 3 |
| ATI | DISEASE OR C | ATH BUT NOT RELA ONDITION CAUSING I | TED TO THE | | | | |
| ERTIFIC | 19A. DATE OF | OPERATION 198. CON WAS PERF | DITION FOR V | VHICH OPERATION | 20 A. AUTOPSY? (Yes or N | a) 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
| CAL CE | OR CONTRIBUT | T WAS UNDERLYING TING CAUSE OF medical examined | 21 B. hometc.) | PLACE OF INJURY (e.g., in e, form, foctory, street, of | or about 21C. WHERE DID | (If in Boltimor | e City, give exact location) |
| O | 21 D. TIME | (Month) (Day) (Year) | (Hour) 21 E. | INJURY OCCURRED | 21F. HOW DID IN | JURY OCCUR? | |
| ٤ | OF INJURY | | | le At Not While | | | |
| | | | Wor | | | 19 66 to Apr | 11 4th 10 66 |
| | 22. I certify t | hat (1) (this hospitol |) attended th | e deceased from Fe | | /// | 19 |
| | that (V) (we) I | ost sow the decease | d olive on | ADILL 4011 | 19 66 and t | hat in (my) (our) api | inian death occurred on the date |
| | ond haur ond | from the causes stat | ed obove. | (We) (did) (did not) v | iew the body after death. | | |
| | 23A. SIGNATUR | E | | | | | 23B. DATE SIGNED |
| | m 1 ? | mille | | M.D. Atte | nding Med. Director | Stoff Phys. | April 4, 1966 |
| | 23C. PHYSICIAN NAME (Ty | rs ° | | | VA Hospital | | |
| | The second second | ILHANEY | 0 | M.D. | | | aven Boulevard |
| 24A | BURIAL CREM | ATION, 248. DATE | 24C. N.A | ME of CEMETERY OF CRE | Baltimore, | Maryland | 21218 ity, town, or county) (State) |
| | REMOVAL (SE | pecify) | 0 1 | | | 0 1 | 4 |
| - | burial | 4-/-00 | Bal | timore Nat' | L (emetery) | Baltimore, | /11d. |
| 25A | . DATE REC'D | DD 6 1968 | D C P | F REGISTRAR | | | ADDRESS M/ |
| | A | 11 0 400 | المالات | To Aprilo and | Leonard y. | Kuck Ync | Baltimore, Md. |
| VS | 150-REV. 1/1/65 | 5 | | | | | |



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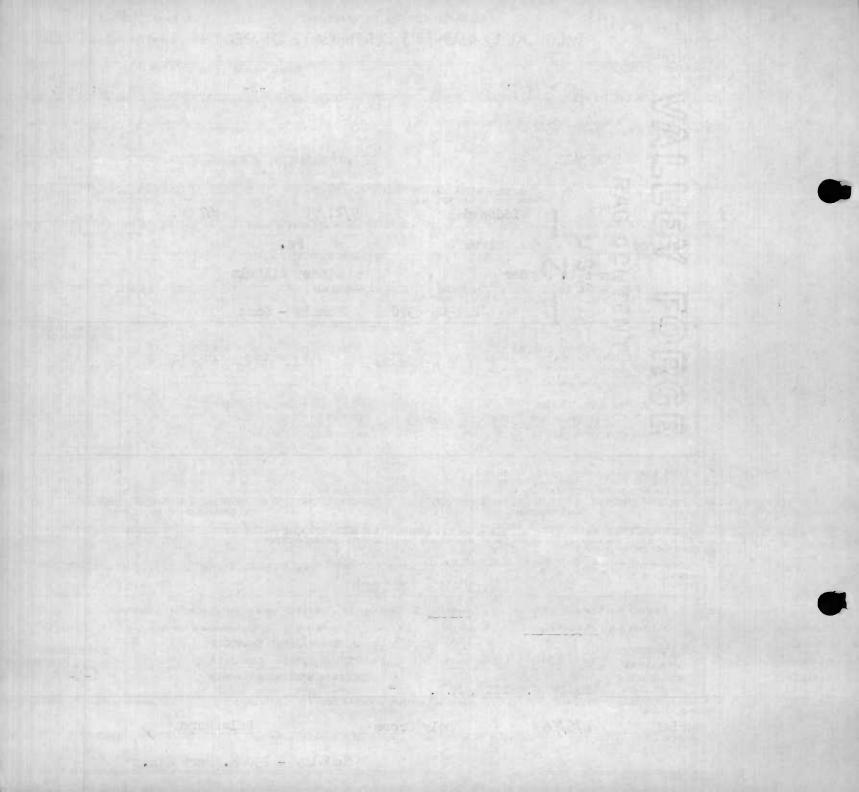
BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ BIRTH NO. CERTIFICATE OF DEATH 03485 M.E. CASE NO. (Type or Print) 966 DEATH IN BALTIMORE MARY USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or tocotion) TOWN (If outside city limits, write RURAL and give township) INSTITUTION RF 1mo D. STREET ADDRESS GENERAL 0 made. 0 6. RACE 9. AGE lost birthdoy 9. AGE (In yours 5. SEX MARRIED, NEVER MARRIED 8. DATE OF If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours 1200 W 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY or foreign country) 2. CITIZEN OF disposition WHAT COUNTRY? ITALY 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME 15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or ynknown) (If yes, give wor or dotos of service) 6. SOCIAL 7. INFORMANT ADDRESS or final CAUSE OF DEATH 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION lost. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 006 21 A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID homo, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar) MEDIC obtained 21 D. TIME (Doy) (Yoor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that t (this hospital) attended the deceased from that (I) (sa) lost sow the deceased alive on ond that in (my) (opinion death occurred on the date and hour and from the causes stated above. (1) (19) (did) (4) view the body after death. must 23A. SIGNATU Attending Med. M.D. Stoff approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type OUIS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 4/7/66. 25B. NAME OF GEGIST emeteru Baltimore. 25A. DATE REC'D BY HEALTH DEPT. Ruck Inc Baltimore, Md.

Mid. General Has 5201 70AK Fd. 11/11/22 83 W WHITE W DOW 17 124 RETTARED TIME CO. Rose MADE. PAUL VILLA 4.0. Occas, mis No. 664 1 Concentrat mener frances & days Whochean interperial 5 days The agency Maurine 10 years mala Louis O. Oliet Md. GENERAL /togim

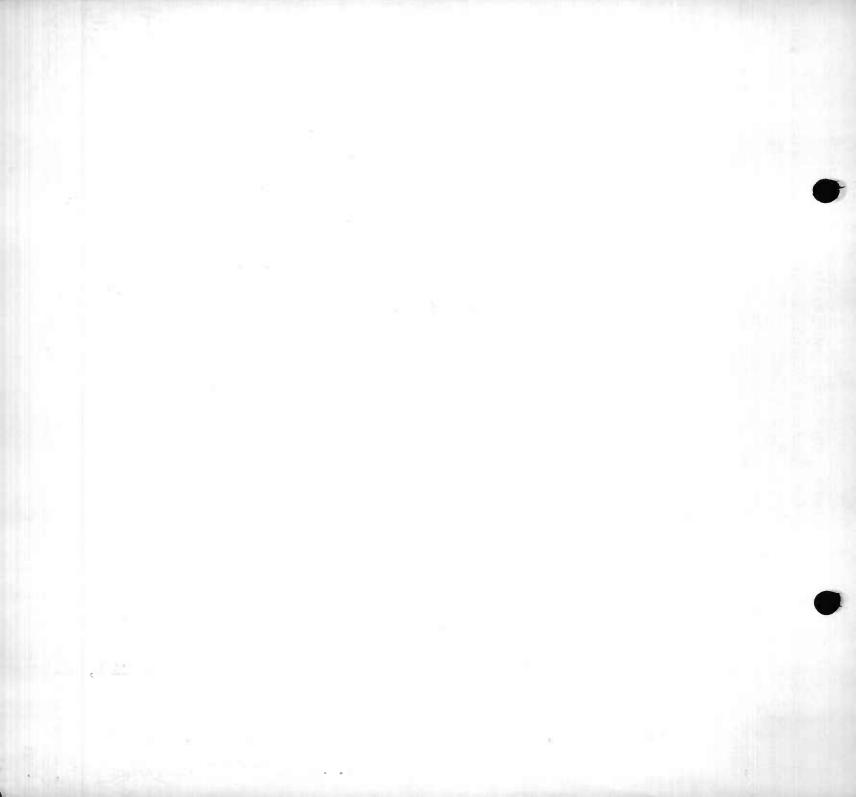
BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 112491 M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Daniel H. Johnson 4/4/66 6:25 p. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Washington, D.C. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) INSTITUTION D. STREET ADDRESS (If rurol, give location) Sinai Hospital 4302 S. Capitol Rd. 9. AGE (In years lost birthdoy) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. male white 59 May 31st 1908 Married 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Wash, D. C. Wash Terminal U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME William Edward Johnson Emily Berry 7. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) Bessie May Jognson Sames as INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Bronchopneumonia, complicating cranio-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) cerebral injury. ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFI 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 3/8/66 subdural hematoma ves 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBrace track Pimlico Race Track 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 21 D TIME (Month) (Doy) (Yeor) (Hour) OF INJURY WHILE AT NOT WHILE 8 66 fell and struck head 22. I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinian Hamicide resulted fram: Natural causes Aceident X Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER SIGNATURE 4/5/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (TypeWerner U. Spitz, M.D. 23A, BURIAL CREMATION. 23C. NAME of CEMETERY or CREMATORY 23B. DATE 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4-8-1966 Cedar Hill Suitland. Md Burial 24A, DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C FUNERAL DIRECTOR

VS 151-REV. 1/1/65

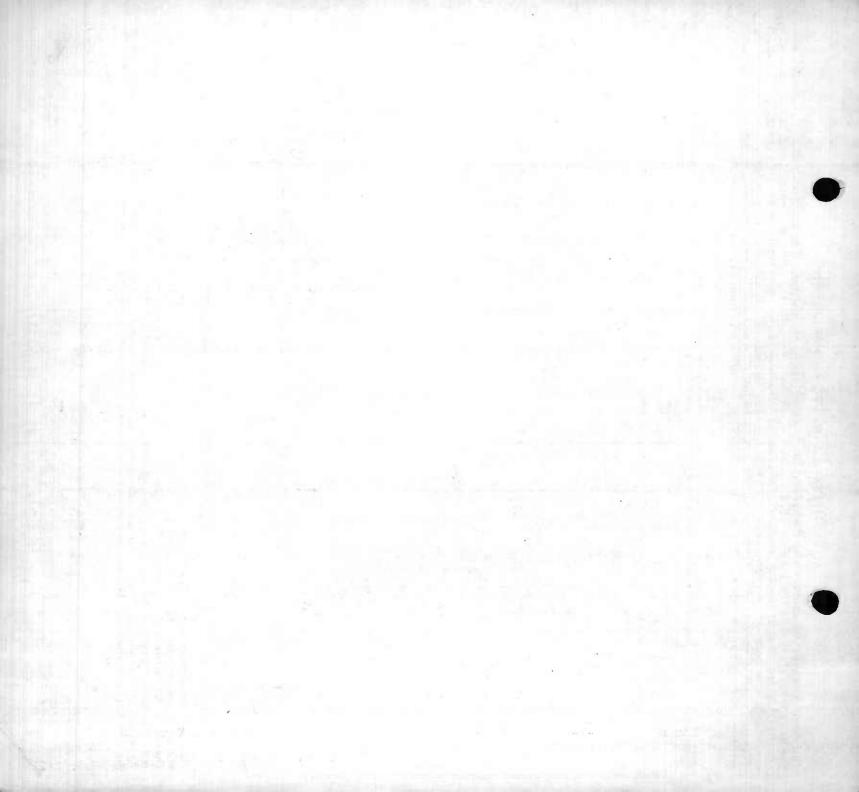
| BIRTH NO. | MEDI | | CAMINER'S C | | | | ered No | |
|--|---|-----------------------|---|--------------------|------------------------------|----------------------------|------------------|-------------------|
| M.E. CASE NO. | | | | | Sandin | | | |
| 1. NAME OF DE | CEASED | | | | 2. DATE AN | D HOUR PRONOUNC | ED DEAD | |
| | | DE VESE | | | | 3-66 | | 2:15 P. N |
| FULL NAME OF | (IF NOT IN HOSPITA | | JTION, GIVE STREET | Marylar | nd | deceosed lived. If ins | UNTY | |
| HOSPITAL OR | ADDRESS OR LOCA | TION) | | Baltimo | | le corporate limits, write | 2 3 | D 2 |
| () 16 | 08 MARSHALL | | | D. STREET ADD | | , give location) | | |
| 5. SEX | 6. RACE | | NEVER MARRIED | B. DATE OF BIRT | Н | 9. AGE (In years | | r. If Under 24 Hr |
| Female | White | | DIVORCED (specify) | 9/21/9 | 8 | 67 | Monins | Hours Min. |
| | | | BUSINESS OR INDUSTRY | | | | 12. CITIZEN | |
| done during most of Retire | | Cl | erk | 14. MOTHER'S M | Pa. | | WHAT C | OUNTRY? |
| IS. FAIRER S ITAN | James B. S | nyder | | | ey Wilh | | | |
| (Yes, no or unknown | O EVER IN U.S. ARMED | | 16. SOCIAL SECURITY NO. 217 05 8370 | 17. INFORMANT | ly - Sa | me | ADDRESS | |
| No | | | | OF DEATH | - Da | | Linis | TERVAL BETWEEN |
| DISEASES RISE TO TH UNDERLYII VOITHER SIG | ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI IR CONDITION CAUSING | CONTRIBUTION | (B)(C) | | | | | |
| F | | DITION FOR | WHICH OPERATION | | r? (Yes or No) | 20B, IF YES, WERE FI | | |
| UTING CAL | CAUSE WAS OR CONTRIB- | 218. home etc.) | PLACE OF INJURY (e.g., e., form, foctory, street, c | in or about 21C. ' | WHERE DID Y OCCUR? | (II in Boltimore City, g | ive exoct locoti | on) |
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| | URE 100000 | nquiry D | Inspection X Aut | e Homic | Ide MEDICAL EX MEDICAL EX | XAMINER X | er 🗌 | DATE SIGNED |
| 23A, BURIAL CRE REMOVAL (Specil | MATION, 23B, DATE | 23 | C. NAME of CEMETERY | CREMATORY | | | , town, or coun | ty) (Stote) |
| Burial | 4/6/66 | | Holy Cros | S | | Baltimore | | |
| 24A. DATE REC'D | BY HEALTH DEPT. | | OF REGISTRAR | | ly - I3 | O E. Fort A | ve. | RESS |
| VS 151-REV- 1/1/ | | | | | | | | |



| | 00 .00 | A O 'S BALTIMORE O | CITY HEALTH DEPARTMENT | 00 | 1.0400 |
|---------------------------------|--|---|---|---|---------------------------|
| BIRTH NO. | 66 03 | CERTIFIC | CATE OF DEATH | Registered Na. 66 | U3492 |
| M.E. CASE N | DECEASED PR | ANCTS | 2. DATE | AND HOUR OF DEATH | |
| (Type or Print) | TO HN | ORMOND | | / | 11:30 |
| 3. PLACE OF | DEATH IN BALTIMORE, MA | ARYLAND | 4. USUAL RESIDENCE (W | here deceased lived. If institution | residence befare odmis |
| | | | A. STATE B. COL | JNTY | 0 1 |
| FULL NAA | NE OF (If not in haspital OR address ar location | or institution, give street | MARYLANG | autside city limits, write RURAL |)-0/ |
| INSTITUTIO | N/ C | ERS OF THE POOR | C. CITY OR TOWN (IF | | and give tawnship) |
| 20 | 200 VALLEY | STATE | | | |
| 1 / / | | | , / | If rurol, give lacotion) | |
| | ISALTIMORE, | MARYLAND 2/20: | | LEY STREET | |
| 5. SEX | 6. RACE | 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) | 8. DATE OF BIRTH | 9. AGE (In years If Ur Month | nder 1 Yr. If Under 24 |
| MAL | 7 1 1 1 | NEVER MARRIED | TULY 29, 1883 | 2 83 | |
| | | 108, KIND OF BUSINESS OR INDUS | STRY 11. BIRTHPLACE (Stole or fo | preign country) 12. C | THE OF |
| | st of working life, even if retired) | | BALTIMA | CE MARYLAND | U.S.A. |
| 13. FATHER'S | ROENER | | 14. MOTHER'S MAIDEN N | ANG | 0,0,11, |
| | | | | | |
| D | AVID ORMO | ND | SARAH | ROCHE | |
| 15, Was Dece (Yes, na or unk | ased Ever in U, S, Armed Fa | es of service) 1 6. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS BOVALLEY S |
| 1/2 | | | AS LITTLE SISTE | ERC OF THEP | 10 TLLEY |
| 18. | | ZIZ U TZYS | F OF DEATH | CS OF 146100R1 | INTERVAL RETWEEN |
| DI | EASE OR CONDITION D | IDECTI V | 0 | | ONSET AND DEATH |
| DI. | SEASE OR CONDITION DI LEADING TO DEATH | | Prelminarion | 11 en em 10 | |
| (This do | as not mean the mode of | dying, e.g., (A) | Prelmonor | 7 | |
| heort foil | ure, osthenio, etc. It means | s the disease, | 0000 | | |
| injury or | complication which caused | i deoth.) | C. S. C. (| | |
| | ANTECEDENT CAUSES | S (B) | | | ************************* |
| DISEASE | S OR CONDITIONS, if | | Q1 - 2 P :- | ed ortenos of | |
| | the above couse (A) | stating the (C) | nevar 3 | ce avienos ely | \ |
| UNDERL | YING CONDITION last. | | V | | |
| 7 | 11 | | | | |
| O THER S | GNIFICANT CONDITIONS (DEATH BUT NOT REL | CONTRIBUTING ATED TO THE | | | |
| A DISEASE | OR CONDITION CAUSING | 1T, | | | |
| 19A.DATI | OF OPERATION 198, CON | NOTION FOR WHICH OPERATION | 20 A. AUTOPSY? (Yes or I | No) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES O | GS CONSIDERED |
| ш | | | | | |
| | RIBUTING CAUSE OF | | g., in ar about 21 C. WHERE DID t, office bldg., INJURY OCCUR? | (If in Baltimare City, | give exoct lacotion) |
| DEATH (| ofify medical examiner) | etc.) | , omes sign, into at the contract | | |
| 21 D. TIMI | (Month) (Day) (Year) | (Hour) 21E, INJURY OCCURRED | 21F. HOW DID IN | NJURY OCCUR? | |
| OF INJUR | | While At Not N | While | | |
| | | Work L AI W | /ork 🗀 | | |
| 22. I cer | tify that (1) (this hospita | I) attended the deceased from | | 1965 to 4. 4 | 19.6 |
| | we) last saw the deceas | 1/. 1 | | that in(my) (aur) oplnion d | |
| | | | | | out accounted on the |
| | | ated above, (1) (We) (did) (did na | t) view the bady after death | | APP CLONES |
| 23A, SIGN | Lean 1 | 111 (1) | Attending the | | ATE SIGNED |
| | | cy (Interdig) | Attending Med. Phys. Director | Staff Phys. AD | il 4,1966 |
| 23 C. PHYS | ICIAN'S | 1 | 23D. ADDRESS | | |
| ITAN | STANLI | EY HNKUDAS N | 1.D. 1802 W. BA | ETIMORE ST. BA | LT. MD. |
| 24A, BURIAL | CREMATION, 248. DATE | 24C. NAME of CEMETERY OF | | | |
| REMOV. | AL (Specify) | | | | o, or county) (Sta |
| BURI | AL APR 5, | 1966 DRUID RIDGE C | EMETERY P. | IKESVILLE, MARYL | ND |
| 25A. DATE RE | | | | | |
| AL 100-1 | C'D BY HEALTH DEPT. | 258. NAME OF REGISTRAL | 250 FUNERAL DILLOT | | ADDRESS |
| AP | R 6 1958 (R.D. | 258. NAME OF REGISTRAD | ASCHUNENTE DILLON | | ADDRESS (HEIGHTS AV) |



VS 150-REV. 1/1/65



| BIRTI | i NO. | 66 03 | 494 | | TE OF DEA | 636 | 5 03494 |
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| | CASE NO. | | | CLKTITICA | | | |
| | AME OF DECEASE or Print) | | /INIET | A HADDINGTON | 2. D | ATE AND HOUR OF DEAT | |
| 3. PI | ACE OF DEATH I | N BALTIMORE MAI | | A HARRINGTON | A USUAL RESIDENC | 4-3-66 | 10:20A finstitution: residence before odmiss |
| F | ULL NAME OF OSPITAL OR ISTITUTION | (If not in hospital coddress or location | or institution,) | | MARYLAN C. CITY OR TOWN BALT I MO | OUNTY (If outside city limits, write) | te RURAL ond give township) |
| 16 |) | SI. Adire. | 5 11031 | IIAL | D. STREET ADDRESS | (If rurol, give location) MRIDGE ABEN | LIF |
| 5. SI | X 6. R/ | ACE | 7. MARRIED | D, NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr. If Under 24 |
| | | HITE | WIDOWI | ARRIED | 4-5-07 | lost birthdoy) 58 | Months Doys Hours Min |
| | | | | F BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| _ } | OUSEWIFE | ng life, even if retired) | - | | MICHIGA | | U.S.A. |
| 13. F | ATHERS NAME | | | | 14. MOTHER'S MAID | EN NAME | |
| | ARTHUR | J. WHITE | VEY | | NETTIE | MAE MOORE | |
| 15. V (Yes, | ro or unknown) (If y | in U. S. Armed Forces, give wor or dote: | es? of service) | SECURITY NO. | 17. INFORMANT & | CATON ADES | • ADDRESS |
| | NO | | | 213-48-7266 | ST. AGNES | HOSPITAL R | ECORDS - WILKEN |
| | | CONDITION DIR | ECTLY | CAUSE O | Pulmonay | Edema | INTERVAL BETWEEN ONSET AND DEATH |
| | heart foilure, ostho injury or complice | nean the made of enia, etc. It means thion which caused ECEDENT CAUSES | the disease | | Septice | Luig | |
| | | CONDITIONS, if coove couse (A) ONDITION last. | | g | v | | |
| ATION | TO THE DEATH | II NT CONDITIONS CO I BUT NOT RELA DITION CAUSING IT | TED TO T | | | | |
| | 2 | RATION 198, CONI WAS PERF | | WHICH OPERATION | YES | IN CERTIFYING | RE FINDINGS CONSIDERED CAUSES OF DEATH? |
| CE | 21A. ACCIDENT WOR CONTRIBUTION DEATH (notify med | | 21 ho etc | B. PLACE OF INJURY (e.g., ir ime, form, foctory, street, of c.) | or obout 21 C. WHERE | DID (If in Boltin | noie City, give exoct locotion) |
| MEDI | OF INJURY (APPROX) | nth) (Doy) (Yeor) | w | E. INJURY OCCURRED (hile At | | ID INJURY OCCUR? | |
| | 22. I certify that | X) (this hospital | attended | the deceased fram | | 1966to | APRIL 3. 1966 |
| | | | | | | and that in (my) (aur) | apinian death accurred an the |
| | and have and fea | m the couses stat | ed abave. | (IX(We) (did) (XXXX) v | iew the bady after o | death. | |
| 1 | 3A. SIGNATURE | 1/11/101 | 11 | | | - | 23B. DATE SIGNED |
| | | //wee | 1 | M.D. Atte | nding Med. Director | Stoff Phys. | april 3. 1966 |
| | NAME (Type) | 1 | | | 23D. ADDRESS | AV | ES. |
| | E | WALDO WE | ISS | M.D. | ST. AGNES | HOSPITAL - | CATON & WILKEN |
| 24A | REMOVAL (Specif | (y) | | NAME of CEMETERY OF CRE | | | (City, town, or county) (State |
| | BURIAL | 4-6-66 | | IRVIEW CEMETERY | | | HIGAN |
| 25A. | APR 81 | 955 | 25B. NAME | OF REGISTRAR | HUBBARD F | 3 | 4107 WILKENS AVE. |
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BALTIMORE CITY HEALTH DEPARTMENT

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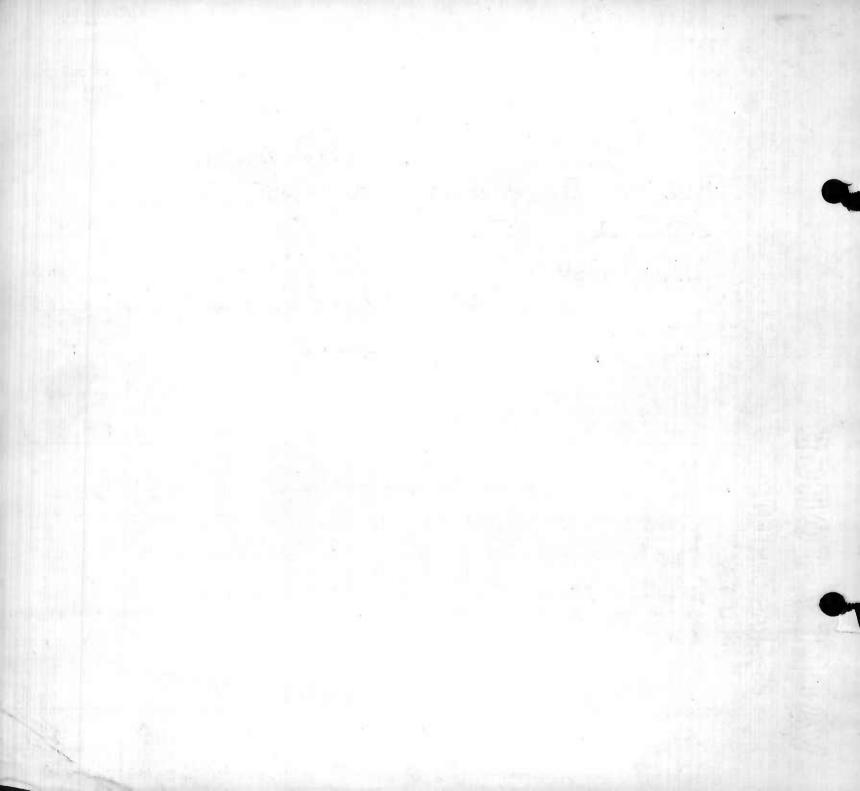
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|----------------|--|--|--|--|--|
| M.E | н но. 66 03497 | CERTIFICA | TE OF DEATH | Registered Na | 00 03437 |
| | AME OF DECEASED | 711 | 2. DATE AN | D HOUR OF DEATH | |
| Тур | pe of Print) & All MITTO | 1 G. LOWH | DI an | ril 6, 1966 | 1 60050 |
| 3. P | PLACE OF DEATH IN BALTIMORE, MARYLAND | 0.0000 | 4. USUAL RESIDENCE (When | e deceased lived, It ins | titution: residence before odmi |
| | | | A. STATE B. COUN | 7 | -0.3 |
| H | FULL NAME OF (If not in hospital or institu | | C. CITY OR TOWN _ (If our | side city timits, write R | URAL and give township) |
| 11 | nstitution 5/3M. Mail | main to | 1 Dalling | orl | onte one give levitality |
| 16 |) 3/3/11. ///www | ena se | | rurol, give location) | • 0 |
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| 5. \$ | EX _ 6. RACE // / 7. MAI | RRIED, NEVER MARRIED | 8-DATE OF BIRTH | 9. AGE (In years | If Under 1 Yr., II Under 24 |
| A | | OWED, DIVORCED (specify) | Jan 2 12/1605 | Jost birthday | Months Doys Hours M |
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| | e during most of working life, even it retired) | TO OF BOSINESS OK INDUSTRI | AL ACE/ISTOTE OF TOTE | gn country) | 12. CITIZEN OF |
| 1 | Stoam Little 10 | Terod. | (1) allum | Bl | W. Sitti |
| 3. | FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| | John Tourns | | VIIIANUS | 18-60 | |
| | Was Deceased Ever in D. S. Armed Forces? | 1 6. SOCIAL | 17. INFORMANY | NOW W | ADDRESS 5 |
| | s, no or unknown) (II yes, give wor or dotes of ser | vice) SECURITY NO. | man 100 . (1 |) + . | Mal. 1313 |
| | | 215-03-7171 | 11/12. Elsel 1 | Lewis | Maderia S |
| | 18. 44 XI | CAUSE O | | | ONSET AND DEATH |
| | DISEASE OR CONDITION DIRECTLY | | rdio-rend-ver | ular disease | - Vyeary |
| | LEADING TO DEATH | (A) (Ca) | Law-pured - N- | | |
| | (This does not mean the made of dying, heart failure, asthenia, etc. It means the dis | c.g., | | | |
| | injury ar camplication which caused death.) | | | | |
| | ANTECEDENT CAUSES | (B) | | | |
| | DISEASES OR CONDITIONS, if ony, | | | | |
| | rise to the above cause (A) stating UNDERLYING CONDITION tast. | the (C) | | | |
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| Z | OTHER SIGNIFICANT CONDITIONS CONTRIB | UTING arterio - se | lerosis, by putrops l | und prostall) | |
| VTI0 | TO THE DEATH BUT NOT RELATED TO | O THE chroning | cystities, emply | sure | |
| CA | 19A. DATE OF OPERATION 198. CONDITION | EOR WHICH OSERATION | 20A. AUTOPSY? (Yes or No | 20B, IF YES, WERE F | |
| = | WAS PERFORMED | | ZUM. AUTOPSTETTES OF NO | | INDINGS CONSIDERED |
| RTIFIC | NAS TENIORINES | | ZUA. AUTOPSY? (Tes of No | IN CERTIFYING CAU | INDINGS CONSIDERED |
| ERTIF | 21 A. ACCIDENT WAS UNDERLYING | 21 B. PLACE OF INJURY (e.g., i | n or obout 21 C. WHERE DID | | INDINGS CONSIDERED ISES OF DEATH? |
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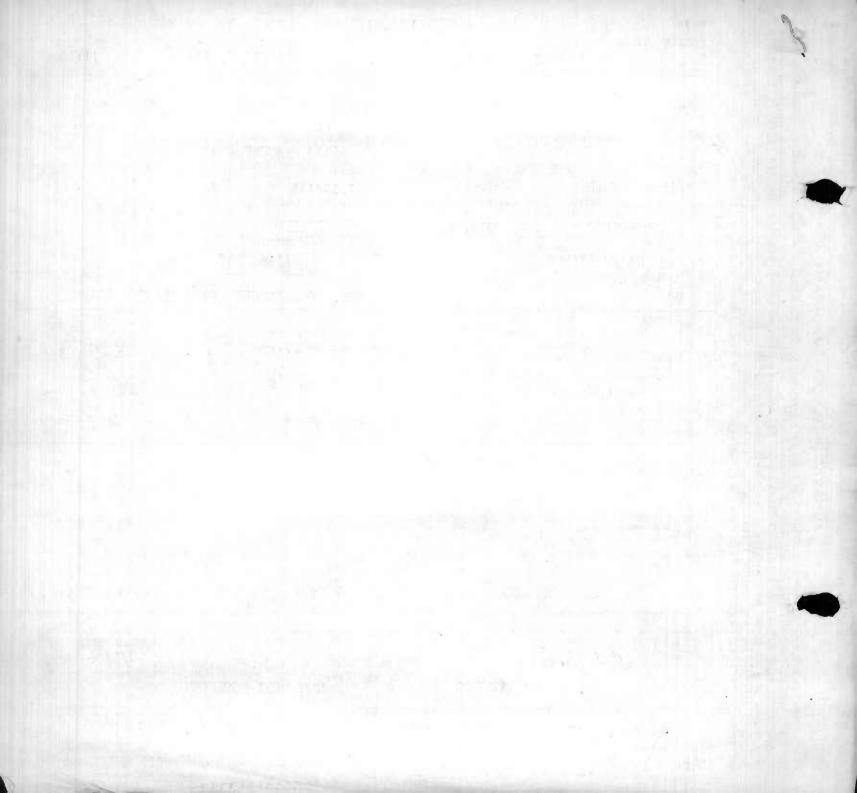
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na.66 112490 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) APRIL 4, 1966 ANNIE PINCUS death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived, If institution; tesidence before admission) MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress of location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION prior D. STREET ADDRESS STNAT HOSPITAL (If rural, give location) 6904 BLANCHE ROAD Dom 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE Months Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy FEMALE WHITE 5/15/1889 WIDOWED 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working file, even if retired) USA POLAND HOUSEWIFE AT HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HILDA HARRY SILVER 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no at unknown) (If yes, give war or dates of service) SECURITY NO. 6904 BLANCHE ROAD NO MRS. ROSE RUDOFF NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., bal heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. Ш ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work Work 19 13 to 22. I certify that (I) (this hospital) attended the deceased from 19 66 and that in (my) (our) apinian death accurred on the date that (1) (we) last saw the deceased alive an_ and hour ond from the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATUR 23B. DATE SIGNED Attending | 4/5/66 Director pproval 23C. PHYSICIAN'S 23D. ADDRESS ZINBERG 4000 WEST NORTHERN PARKWAY NAME (Type) M.D 24C. NAME of CEMETERY or CREMATORY (City, town, or county) 24A. BURIAL CREMATION, 24B, DATE 24D, LOCATION eceased BURIAL ROSEDALE. MARYLAND RUDOMER VEREIN 4/7/66 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD



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| | n a hospital And cause of dears use; (5) Deceased | tendance on the r to death. Such |
| | f death occurred into occurred into occurred in occurred in occurred in the occurred in oc | was in regular at he deceased prio position is made. |
| FUNERAL DIRECTOR: IMPORTANT | or his assistant i Also, if the dire re of any kind; (4 | nounced death attendance on t |
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| FUNERA | d by the chief mospital by a meriture; (2) Body bu | of where the physician (6) No physician ned before the re |
| | This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased | was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suchwritten approval must be obtained before the remains are embalmed or final disposition is made. |

| | CASE NO. | EASED | 3500 | CERTIFICA | 2. DATE | | 10 110000 |
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| | e or Print) | | H SILVER | BERG | 2. 00.1 | 4-6-6 | 6 3 40 A |
| | | TH IN BALTIMORE, MA | | | A. STATE B. CO | There deceased lived. If in | stitution: residence befare odmissi |
| H | OLL NAME OF | F (If not in hospital oddress or tacotion | | ve street | MARY LAND C. CITY OR TOWN (IF BALT I MORE | outside city limits, write | RURAL and give township) |
| F | 2 | SINAI HOS | PITAL | | D. STREET ADDRESS 5835 JONQ | (If rurol, give locotion) UIL AVENUE | |
| 5. SI | EX FEMALE | 6. RACE WHITE | WIDOWED, | NEVER MARRIED DIVORCED (specify) IDOWED | B. DATE OF BIRTH | 9. AGE (In years tost birthday | If Under 1 Yr. If Under 24 H Manths Days Hours Min. |
| | during most of | JPATION (Give kind of work warking life, even if retired) OUSEWIFE | | BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or RUSS | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. F | FATHER'S NA | FREIM WEINST | | | 14. MOTHERS MAIDEN I | PAME | |
| | | Ever in U. S. Armed Far (If yes, give war ar date | | SECURITY NO. | MR. FRANK SIL | VERBERG 5835 | JONQUIL AVE |
| Z | DISEASES (rise to the UNDERLYING | aplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last. | any, giving stating the | (c) De | le Hyocardic erioselenotic | (aidio Vase | (WOLL) |
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| ATI | TO THE D | EATH BUT NOT RELA | TED TO THE | | 20 A. AUTOPSY? (Yes at | No. 208. IF YES, WERE IN CERTIFYING CA | FINDINGS CONSIDERED USES OF DEATH? |
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